

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

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: KATHRYN YARZEBINSKI 1100 COMMERCE ST, LYNCHBURG, VA 24504	D Employer identification number 54-6112680 E Telephone number 434-845-6500 G Gross receipts \$ 15,835,138. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.LYNCHBURGFOUNDATION.ORG		
K Form of organization: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1972 M State of legal domicile: VA

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: TO RECEIVE CHARITABLE CONTRIBUTIONS FROM THE PUBLIC, ADMINISTERING, AND INVESTING THOSE			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	16	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16	
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	4	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,841,171.	Current Year 2,283,491.
9 Program service revenue (Part VIII, line 2g)		60,966.	62,041.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,094,660.	2,702,429.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,833.	-709.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,007,630.	5,047,252.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,150,147.	2,279,790.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	274,001.	293,049.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) 110,789.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	493,068.	529,412.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,917,216.	3,102,251.	
19 Revenue less expenses. Subtract line 18 from line 12	3,090,414.	1,945,001.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 60,177,320.	End of Year 67,554,642.	
	21 Total liabilities (Part X, line 26)	8,580,071.	9,261,812.	
	22 Net assets or fund balances. Subtract line 21 from line 20	51,597,249.	58,292,830.	

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO RECEIVE CHARITABLE CONTRIBUTIONS FROM THE PUBLIC, ADMINISTERING, AND INVESTING THOSE GIFT RESOURCES, AND DISTRIBUTING THE EXPENDABLE PORTIONS OF THE RESOURCES AND THEIR EARNINGS FOR THE BENEFIT OF CHARITABLE RECIPIENTS IN THE LOCAL AREA.

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

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

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

4a (Code:) (Expenses \$ 2,607,406. including grants of \$ 2,088,883.) (Revenue \$) GRANTS ARE MADE TO 501(C)(3) ORGANIZATIONS FROM DONOR-ADVISED, DESIGNATED, FIELD OF INTEREST, SCHOLARSHIP, AND UNRESTRICTED ENDOWMENT FUNDS. THE FOUNDATION HAS FINAL APPROVAL OF ALL GRANTS.

4b (Code:) (Expenses \$ 190,907. including grants of \$ 190,907.) (Revenue \$) SCHOLARSHIPS TO INDIVIDUALS ARE MADE BASED ON AN APPROVED PROCESS INVOLVING SCHOLARSHIP COMMITTEES. THERE WERE 126 SCHOLARSHIPS AWARDED IN FY 24.

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 2,798,313.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 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	1a 2	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee 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.		
	1a 16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed VA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 434-845-6500
1100 COMMERCE STREET, LYNCHBURG, VA 24504

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MS. KATHRYN C. YARZEBINSKI PRESIDENT/CEO	40.00			X				121,040.	0.	4,620.
(2) MS. SUSAN G. ACKLEY DIRECTOR	1.00	X						0.	0.	0.
(3) MR. G. CARL BOGGESS DIRECTOR	1.00	X						0.	0.	0.
(4) MS. JENNIFER BRYANT-FOSTER DIRECTOR	1.00	X						0.	0.	0.
(5) MS. REGINA W. CARTER DIRECTOR	1.00	X						0.	0.	0.
(6) MS. JANICE M. MARSTON VICE CHAIRMAN	1.00	X		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) MS. KATRINA RICE DIRECTOR	1.00	X						0.	0.	0.
(11) MR. JOHN M. STONE CHAIRMAN	1.00	X		X				0.	0.	0.
(12) MR. SHAWN D. STONE DIRECTOR	1.00	X						0.	0.	0.
(13) DR. VERNA SELLERS DIRECTOR	1.00	X						0.	0.	0.
(14) MR. ROGER JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(15) MS. SARAH HOUCK DIRECTOR	1.00	X						0.	0.	0.
(16) MR. JOHN WALKER DIRECTOR	1.00	X						0.	0.	0.
(17) CHERYL HALL SECRETARY	40.00			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MR. JOHN C. WATERWORTH DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								121,040.	0.	4,620.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								121,040.	0.	4,620.

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	2,283,491.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			2,283,491.			
Program Service Revenue	2 a	OPERATING FEE INCOME	Business Code	525920	62,041.		62,041.	
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			62,041.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,525,322.		1525322.
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				
					11,964,284.			
b		Less: cost or other basis and sales expenses	7b	10,787,177.				
c		Gain or (loss)	7c	1,177,107.				
d		Net gain or (loss)			1,177,107.		1177107.	
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	709.					
c	Net income or (loss) from fundraising events			-709.		-709.		
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			5,047,252.	0.	0.	2763761.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,088,883.	2,088,883.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	190,907.	190,907.		
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	121,040.	48,416.	24,208.	48,416.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	145,993.	58,397.	58,397.	29,199.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,766.	2,307.	2,307.	1,152.
9 Other employee benefits				
10 Payroll taxes	20,250.	8,100.	4,050.	8,100.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,620.		1,620.	
c Accounting	8,850.		8,850.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	334,790.	334,790.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	39,614.	30,614.	9,000.	
12 Advertising and promotion				
13 Office expenses	25,568.	5,183.	13,213.	7,172.
14 Information technology	33,745.	13,498.	13,498.	6,749.
15 Royalties				
16 Occupancy	19,370.		19,370.	
17 Travel	1,188.		1,188.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	4,691.		4,691.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,541.		1,541.	
23 Insurance	6,249.		6,249.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SHARE EXPENSES	30,322.	15,161.	15,161.	
b DEVELOPMENT	10,001.			10,001.
c DUES	6,906.		6,906.	
d YOUTH PHILANTHROPY	2,057.	2,057.		
e All other expenses	2,900.		2,900.	
25 Total functional expenses. Add lines 1 through 24e	3,102,251.	2,798,313.	193,149.	110,789.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance 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	856,158.	1	678,327.
	2 Savings and temporary cash investments	5,669,693.	2	4,314,585.
	3 Pledges and grants receivable, net	215,353.	3	243,184.
	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	12,779.	9	14,826.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 66,672.		
	b Less: accumulated depreciation	10b 48,222.	10c 3,272.	18,450.
	11 Investments - publicly traded securities	53,294,361.	11	62,108,794.
	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	125,704.	15	176,476.
16 Total assets. Add lines 1 through 15 (must equal line 33)	60,177,320.	16	67,554,642.	
Liabilities	17 Accounts payable and accrued expenses	32,455.	17	17,127.
	18 Grants payable	898,113.	18	839,598.
	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	7,649,503.	25	8,405,087.
	26 Total liabilities. Add lines 17 through 25	8,580,071.	26	9,261,812.
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	7,954,812.	27	9,208,285.
	28 Net assets with donor restrictions	43,642,437.	28	49,084,545.
	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	51,597,249.	32	58,292,830.
33 Total liabilities and net assets/fund balances	60,177,320.	33	67,554,642.	

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	5,047,252.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,102,251.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,945,001.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	51,597,249.
5	Net unrealized gains (losses) on investments	5	4,750,580.
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	58,292,830.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and amounts for revenue and assets.

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	41,116,577.	36,507,909.	40,388,441.	31,766,115.	31,093,322.
b Contributions	1,568,476.	3,144,631.	2,750,752.	974,096.	1,717,283.
c Net investment earnings, gains, and losses	5,695,078.	3,725,274.	-4,382,207.	9,621,677.	689,684.
d Grants or scholarships		1,679,499.	1,663,237.	1,435,490.	1,240,135.
e Other expenditures for facilities and programs	1,937,163.	352,457.	311,919.	254,407.	220,926.
f Administrative expenses		229,281.	273,921.	283,550.	273,113.
g End of year balance	46,442,968.	41,116,577.	36,507,909.	40,388,441.	31,766,115.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 4.0000 %
 - b Permanent endowment 96.0000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		66,672.	48,222.	18,450.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				18,450.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY PAYABLE	494,052.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	7,855,667.
(4) OPERATING LEASE LIABILITY	55,368.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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	9,463,750.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,750,580.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	4,750,580.	
3	Subtract line 2e from line 1	3	4,713,170.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	334,791.	
b	Other (Describe in Part XIII.)	4b	-709.	
c	Add lines 4a and 4b	4c	334,082.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,047,252.	

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	2,768,169.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	709.	
e	Add lines 2a through 2d	2e	709.	
3	Subtract line 2e from line 1	3	2,767,460.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	334,791.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	334,791.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,102,251.	

Part XIII Supplemental Information

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

PART X, LINE 2:

THE FOUNDATION IS A SECTION 501(C)(3) ORGANIZATION UNDER THE INTERNAL REVENUE CODE AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(A) OF THE CODE. GAAP REQUIRES FOUNDATION MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE THAN LIKELY WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. FOUNDATION MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2024 AND 2023, THERE AR NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE

Part XIII Supplemental Information (continued)

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EVENT EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EVENT EXPENSE

PART V, LINE 4:

THE TRUST'S ENDOWMENT FUNDS ARE USED TO PROVIDE GRANTS TO 501(C)(3) ORGANIZATIONS. THE TRUST HAS INCLUDED \$223,713 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

2023

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACADEMY CENTER OF THE ARTS 600 MAIN STREET LYNCHBURG, VA 24504	23-7061145	501(C)(3)	12,515.	0.			ARTS, CULTURE
ALTAVISTA AREA/CAMPBELL COUNTY FULLER CENTER FOR HOUSING, INC. - P.O. BOX 232 - ALTAVISTA, VA 24517	54-1793590	501(C)(3)	8,000.	0.			HEALTHY AND INDEPENDENT LIVING
AMAZEMENT SQUARE 27 NINTH STREET LYNCHBURG, VA 24504-1422	54-1713204	501(C)(3)	11,146.	0.			ARTS, CULTURE
AMERICAN RED CROSS OF BLUE RIDGE VIRGINIA - 3700 CANDLERS MOUNTAIN ROAD, SUITE 7 - LYNCHBURG, VA 24502	53-0196605	501(C)(3)	8,000.	0.			PEOPLE IN CRISIS RECEIVING HELP
AMHERST COUNTY PUBLIC SCHOOLS EDUCATION FOUNDATION, INC. - P.O. BOX 1425 - AMHERST, VA 24521	54-1769234	501(C)(3)	9,500.	0.			EDUCATIONAL
APPOMATTOX CLASSICAL & CTE INSTITUTE - P.O. BOX 517 - APPOMATTOX, VA 24522	26-2901909	501(C)(3)	6,402.	0.			EDUCATIONAL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 105.
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPOMATTOX LITERACY INTERVENTION PROGRAM - 197 BREEZY HILL ROAD - SPOUT SPRING, VA 24593	54-1779269	501(C)(3)	6,000.	0.			SUCCESSFUL CHILDREN AND YOUTH
AVENEL FOUNDATION P.O. BOX 686 BEDFORD, VA 24523	54-1345184	501(C)(3)	6,000.	0.			HISTORICAL PRESERVATION
AVOCA MUSEUM 1514 MAIN STREET ALTAVISTA, VA 24517	54-1569294	501(C)(3)	5,250.	0.			ARTS, CULTURE
BEDFORD AREA EDUCATIONAL FOUNDATION - P.O. BOX 2434 - FOREST, VA 24551	36-4499678	501(C)(3)	10,000.	0.			EDUCATIONAL
BEDFORD COMMUNITY CHRISTMAS STATION, INC. - P.O. BOX 1353 - BEDFORD, VA 24523	42-1710753	501(C)(3)	9,000.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
BETHUNE NURSERY, INC., DBA MARY BETHUNE ACADEMY - 2249 HALIFAX STREET - LYNCHBURG, VA 24501	54-0541800	501(C)(3)	7,000.	0.			EDUCATIONAL
BIG BROTHERS BIG SISTERS OF CENTRAL VA - 2901 LANGHORNE ROAD - LYNCHBURG, VA 24501	54-0908680	501(C)(3)	12,633.	0.			SUCCESSFUL CHILDREN AND YOUTH
BLUE RIDGE AREA FOOD BANK P.O. BOX 937 VERONA, VA 24482	52-1202644	501(C)(3)	17,224.	0.			PEOPLE IN CRISIS RECEIVING HELP
BLUE RIDGE PREGNANCY CENTER 3701 OLD FOREST ROAD LYNCHBURG, VA 24501	54-1912289	501(C)(3)	15,000.	0.			PEOPLE IN CRISIS RECEIVING HELP

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF GREATER LYNCHBURG - 1101 MADISON STREET - LYNCHBURG, VA 24504	20-0199894	501(C)(3)	15,291.	0.			SUCCESSFUL CHILDREN AND YOUTH
BRIGHT BEGINNINGS CENTRAL VIRGINIA OF THE UNITED WAY OF CENTRAL VA., INC. - 1010 MILLER PARK SQUARE - LYNCHBURG, VA 24501-2755	54-0505923	501(C)(3)	6,500.	0.			SUCCESSFUL CHILDREN AND YOUTH
BROOK HILL RETIREMENT CENTER FOR HORSES, INC. - 7291 BELLEVUE ROAD - FOREST, VA 24551	54-2058686	501(C)(3)	12,720.	0.			HEALTHY AND INDEPENDENT LIVING
CAMPBELL COUNTY EDUCATIONAL FOUNDATION - P.O. BOX 99 - RUSTBURG, VA 24588	82-0988857	501(C)(3)	6,000.	0.			EDUCATIONAL
CAMP HOLIDAY TRAILS (CHT) 400 HOLIDAY TRAILS LANE CHARLOTTESVILLE, VA 22903	54-0922028	501(C)(3)	6,000.	0.			SUCCESSFUL CHILDREN AND YOUTH
CAMP KUM-BA-YAH NATURE CENTER 4415 BOONSBORO ROAD LYNCHBURG, VA 24503	54-1218073	501(C)(3)	16,419.	0.			SUCCESSFUL CHILDREN AND YOUTH
CASA OF CENTRAL VIRGINIA P.O. BOX 11373 LYNCHBURG, VA 24506	54-1695593	501(C)(3)	15,985.	0.			PEOPLE IN CRISIS RECEIVING HELP
CENTRA FOUNDATION 1920 ATHERHOLT ROAD LYNCHBURG, VA 24501	54-1604094	501(C)(3)	9,653.	0.			HEALTHY AND INDEPENDENT LIVING
CENTRAL VIRGINIA ALLIANCE FOR COMMUNITY LIVING, INC. - 501 12TH STREET - LYNCHBURG, VA 24504	51-0189604	501(C)(3)	8,540.	0.			HEALTHY AND INDEPENDENT LIVING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTESVILLE BALLET 1885 SEMINOLE TRAIL, SUITE 203 CHARLOTTESVILLE, VA 22901	90-0545068	501(C)(3)	7,100.	0.			ARTS, CULTURE
CHILDREN'S ASSISTIVE TECHNOLOGY SERVICES - 12801 MONETA ROAD - MONETA, VA 24121	46-4866068	501(C)(3)	15,000.	0.			SUCCESSFUL CHILDREN AND YOUTH
CLAIRE PARKER FOUNDATION P.O. BOX 523 ALTAVISTA, VA 24517	47-2434088	501(C)(3)	9,200.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
COALITION FOR HIV AWARENESS AND PREVENTION - P.O. BOX 161 - LYNCHBURG, VA 24505	31-1736924	501(C)(3)	5,500.	0.			HEALTHY AND INDEPENDENT LIVING
CVCC EDUCATIONAL FOUNDATION, INC. 3506 WARDS ROAD LYNCHBURG, VA 24502	54-1167908	501(C)(3)	5,100.	0.			EDUCATIONAL
DAWN P.O. BOX 325 ALTAVISTA, VA 24517	54-1253623	501(C)(3)	16,752.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
DOWNTOWN LYNCHBURG ASSOCIATION 901 CHURCH STREET, SUITE 101 LYNCHBURG, VA 24504	54-1829693	501(C)(3)	6,000.	0.			ARTS, CULTURE
ELIZABETH'S EARLY LEARNING CENTER 2320 BEDFORD AVENUE LYNCHBURG, VA 24503	54-1808771	501(C)(3)	335,003.	0.			SUCCESSFUL CHILDREN AND YOUTH
ENDSTATION THEATRE COMPANY 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503-1555	20-4962047	501(C)(3)	5,800.	0.			ARTS, CULTURE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH CHRISTIAN ACADEMY P.O. BOX 670 HURT, VA 24563	54-1466895	501(C)(3)	6,597.	0.			SUCCESSFUL CHILDREN AND YOUTH
FIVE18 FAMILY SERVICES 1621-B ENTERPRISE DRIVE LYNCHBURG, VA 24502	54-0660819	501(C)(3)	17,317.	0.			SUCCESSFUL CHILDREN AND YOUTH
FOOD FOR KIDS P.O. BOX 674 BEDFORD, VA 24523	47-4178458	501(C)(3)	17,675.	0.			SUCCESSFUL CHILDREN AND YOUTH
FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN STREET LYNCHBURG, VA 24504	54-1420756	501(C)(3)	26,663.	0.			HEALTHY AND INDEPENDENT LIVING
FREEDOM 4/24 P.O. BOX 3155 LYNCHBURG, VA 24503	26-4320885	501(C)(3)	6,500.	0.			PEOPLE IN CRISIS RECEIVING HELP
GIRLS ON THE RUN OF GREATER LYNCHBURG, INC. - 1713 12TH STREET - LYNCHBURG, VA 24501-1953	26-2858200	501(C)(3)	5,500.	0.			SUCCESSFUL CHILDREN AND YOUTH
GLEANNING FOR THE WORLD P.O. BOX 645 CONCORD, VA 24538	54-1930105	501(C)(3)	8,250.	0.			PEOPLE IN CRISIS RECEIVING HELP
GRASP (GREAT ASPIRATIONS SCHOOL PROGRAM, INC.) - 2821 EMERYWOOD PKWY, SUITE 204 - HENRICO, VA 23294	52-1277427	501(C)(3)	5,500.	0.			SUCCESSFUL CHILDREN AND YOUTH
HUMANKIND - EARLY HEAD START 1903 HUMANKIND WAY LYNCHBURG, VA 24503	54-0346118	501(C)(3)	15,000.	0.			EDUCATIONAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANKIND WAYS TO WORK 1903 HUMANKIND WAY LYNCHBURG, VA 24503	54-0346118	501(C)(3)	6,000.	0.			HEALTHY AND INDEPENDENT LIVING
INTERFAITH OUTREACH ASSOCIATION P.O. BOX 1125 LYNCHBURG, VA 24505	54-1214253	501(C)(3)	26,180.	0.			HEALTHY AND INDEPENDENT LIVING
IRON LIVES, INC. 1000 JEFFERSON STREET, SUITE A LYNCHBURG, VA 24505	46-3986194	501(C)(3)	9,590.	0.			SUCCESSFUL CHILDREN AND YOUTH
JAMES RIVER ASSOCIATION 16 SOUTH 17TH STREET, SUITE 100 RICHMOND, VA 23219	51-0211913	501(C)(3)	10,000.	0.			HEALTHY AND INDEPENDENT LIVING
JEFFERSON CHORAL SOCIETY 1290 ENTERPRISE DRIVE LYNCHBURG, VA 24502	54-1554423	501(C)(3)	7,577.	0.			ARTS, CULTURE
JUBILEE FAMILY DEVELOPMENT CENTER 1512 FLORIDA AVENUE LYNCHBURG, VA 24501-4112	54-1881948	501(C)(3)	29,562.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
KIDS' HAVEN P.O. BOX 3201 LYNCHBURG, VA 24503	54-1920136	501(C)(3)	13,300.	0.			PEOPLE IN CRISIS RECEIVING HELP
LAKE CHRISTIAN MINISTRIES, INC. P.O. BOX 695 MONETA, VA 24121-0695	54-2034650	501(C)(3)	12,833.	0.			PEOPLE IN CRISIS RECEIVING HELP
LEGACY PROJECT, INC. P.O. BOX 308 LYNCHBURG, VA 24504	54-1771178	501(C)(3)	14,964.	0.			HISTORICAL PRESERVATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYNCHBURG AREA VETERANS COUNCIL 50 BEDFORD SPRINGS ROAD LYNCHBURG, VA 24502	47-3371170	501(C)(3)	7,500.	0.			HEALTHY AND INDEPENDENT LIVING
LYNCHBURG BEACON OF HOPE 2600 MEMORIAL AVENUE, SUITE 106 LYNCHBURG, VA 24501	45-3797831	501(C)(3)	45,226.	0.			SUCCESSFUL CHILDREN AND YOUTH
LYNCHBURG CITY SCHOOLS EDUCATION FOUNDATION, INC. - P.O. BOX 2497 - LYNCHBURG, VA 24505-1599	54-1385200	501(C)(3)	31,798.	0.			EDUCATIONAL
LYNCHBURG COVENANT FELLOWSHIP, INC. - 412 MADISON STREET - LYNCHBURG, VA 24504	54-6026892	501(C)(3)	7,900.	0.			HEALTHY AND INDEPENDENT LIVING
LYNCHBURG DAILY BREAD, INC. 721 CLAY STREET LYNCHBURG, VA 24504	52-1268749	501(C)(3)	50,833.	0.			PEOPLE IN CRISIS RECEIVING HELP
LYNCHBURG GROWS 1339 ENGLEWOOD STREET LYNCHBURG, VA 24501-3805	20-0934133	501(C)(3)	24,186.	0.			SUCCESSFUL CHILDREN AND YOUTH
LYNCHBURG HUMANE SOCIETY 1211 OLD GRAVES MILL ROAD LYNCHBURG, VA 24502-4305	54-0570901	501(C)(3)	33,477.	0.			HEALTHY AND INDEPENDENT LIVING
LYNCHBURG SYMPHONY ORCHESTRA 621 COURT STREET LYNCHBURG, VA 24504	52-1304854	501(C)(3)	17,306.	0.			ARTS, CULTURE
MADISON HEIGHTS YOUTH BASEBALL ASSOCIATION - P. O. BOX 99 - MADISON HEIGHTS, VA 24572	52-1211991	501(C)(3)	5,400.	0.			SUCCESSFUL CHILDREN AND YOUTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE-A-WISH FOUNDATION OF GREATER VIRGINIA - 2810 N PARHAM ROAD SUITE 302 - HENRICO, VA 23294	54-1429614	501(C)(3)	20,000.	0.			PEOPLE IN CRISIS RECEIVING HELP
MEALS ON WHEELS P.O. BOX 1388 LYNCHBURG, VA 24505	23-7399875	501(C)(3)	36,528.	0.			HEALTHY AND INDEPENDENT LIVING
MILLER HOME OF LYNCHBURG 2134 WESTERLY DRIVE LYNCHBURG, VA 24501	54-0505999	501(C)(3)	5,223.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
MIRIAM'S HOUSE P.O. BOX 3196 LYNCHBURG, VA 24503-0196	54-1606543	501(C)(3)	116,826.	0.			PEOPLE IN CRISIS RECEIVING HELP
MONACAN INDIAN NATION 111 HIGHVIEW ROAD MADISON HEIGHTS, VA 24572	54-1656446	501(C)(3)	6,196.	0.			HEALTHY AND INDEPENDENT LIVING
NATIONAL CENTER FOR HEALTHY VETERANS - 980 WARDS ROAD - ALTAVISTA, VA 24517	84-2852661	501(C)(3)	10,800.	0.			HEALTHY AND INDEPENDENT LIVING
NATIONAL D-DAY MEMORIAL FOUNDATION 133 WEST MAIN STREET BEDFORD, VA 24523	54-1504679	501(C)(3)	20,957.	0.			HISTORICAL PRESERVATION
NATURAL BRIDGE APPALACHIAN TRAIL 145 BELMONT TERRACE LYNCHBURG, VA 24502-4593	52-1321057	501(C)(3)	5,327.	0.			HEALTHY AND INDEPENDENT LIVING
NEW VISTAS SCHOOL 520 ELDON STREET LYNCHBURG, VA 24501	54-1273630	501(C)(3)	43,142.	0.			SUCCESSFUL CHILDREN AND YOUTH

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

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NO WALLS MINISTRY, INC. P.O. BOX 3442 LYNCHBURG, VA 24503	36-4671829	501(C)(3)	6,500.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
ONE COMMUNITY ONE VOICE LYNCHBURG 825 TAYLOR STREET LYNCHBURG, VA 24504	84-2754128	501(C)(3)	5,500.	0.			HEALTHY AND INDEPENDENT LIVING
OPERA ON THE JAMES, INC. 701 MAIN STREET LYNCHBURG, VA 24504	56-2521625	501(C)(3)	30,576.	0.			ARTS, CULTURE
PARK VIEW COMMUNITY MISSION 2420 MEMORIAL AVENUE LYNCHBURG, VA 24501	54-0798225	501(C)(3)	24,319.	0.			PEOPLE IN CRISIS RECEIVING HELP
PATRICK HENRY MEMORIAL FOUNDATION 1250 RED HILL ROAD BROOKNEAL, VA 24528	54-0662892	501(C)(3)	6,125.	0.			HISTORICAL PRESERVATION
PEACEMAKER, INC. 1601 12TH STREET LYNCHBURG, VA 24501	81-5082841	501(C)(3)	5,500.	0.			HEALTHY AND INDEPENDENT LIVING
PIERCE STREET GATEWAY, INC. P.O. BOX 761 LYNCHBURG, VA 24505	83-2541904	501(C)(3)	13,059.	0.			HISTORICAL PRESERVATION
RADCLIFF CEMETERY 4928 OLD BOONSBORO ROAD LYNCHBURG, VA 24503	93-2054966	501(C)(3)	12,335.	0.			HISTORICAL PRESERVATION
RIVERMONT AREA EMERGENCY FOOD PANTRY - 1000 LANGHORNE ROAD - LYNCHBURG, VA 24503	54-6024478	501(C)(3)	16,376.	0.			PEOPLE IN CRISIS RECEIVING HELP

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

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ROADS TO RECOVERY 3000 LANGHORNE ROAD LYNCHBURG, VA 24501	54-2056367	501(C)(3)	116,200.	0.			HEALTHY AND INDEPENDENT LIVING
RUSH HOMES 1721 MONSVIEW PLACE LYNCHBURG, VA 24504	31-1519694	501(C)(3)	8,973.	0.			HEALTHY AND INDEPENDENT LIVING
SECOND STAGE/AMHERST 194 SECOND STREET AMHERST, VA 24521	47-0964590	501(C)(3)	8,200.	0.			ARTS, CULTURE
SML GOOD NEIGHBORS, INC. P.O. BOX 2 MONETA, VA 24121	26-1274000	501(C)(3)	6,200.	0.			SUCCESSFUL CHILDREN AND YOUTH
SOCIETY OF ST. ANDREW, INC. 3383 SWEET HOLLOW ROAD BIG ISLAND, VA 24526	54-1285793	501(C)(3)	11,869.	0.			HEALTHY AND INDEPENDENT LIVING
SOUTH CENTRAL SPAY AND NEUTER CLINIC - 1211 OLD GRAVES MILL ROAD - LYNCHBURG, VA 24502	26-3842124	501(C)(3)	12,286.	0.			HEALTHY AND INDEPENDENT LIVING
SOUTHERN MEMORIAL ASSOCIATION 401 TAYLOR STREET LYNCHBURG, VA 24501	54-1737181	501(C)(3)	5,724.	0.			HISTORICAL PRESERVATION
ST. PAUL'S EPISCOPAL CHURCH 605 CLAY STREET LYNCHBURG, VA 24504	54-0506335	501(C)(3)	41,286.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
TAKE MY HAND MINISTRIES, INC. 163 LIBERTY LANE EVINGTON, VA 24550	46-2452071	501(C)(3)	11,000.	0.			PEOPLE IN CRISIS RECEIVING HELP

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

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THE AGAPE CENTER P.O. BOX 10711 LYNCHBURG, VA 24506	26-4019295	501(C)(3)	12,000.	0.			PEOPLE IN CRISIS RECEIVING HELP
THE ARC OF CENTRAL VIRGINIA 1508 BEDFORD AVENUE LYNCHBURG, VA 24504	23-7221570	501(C)(3)	15,130.	0.			HEALTHY AND INDEPENDENT LIVING
THE BRIDGE MINISTRY, INC. P.O. BOX 2402 CHARLOTTESVILLE, VA 23921	54-1820614	501(C)(3)	9,800.	0.			HEALTHY AND INDEPENDENT LIVING
THE LINK PROJECT, INC. 1322 PIERCE STREET LYNCHBURG, VA 24501	30-0710685	501(C)(3)	7,000.	0.			SUCCESSFUL CHILDREN AND YOUTH
THE SEDALIA CENTER, INC. 1108 SEDALIA SCHOOL ROAD BIG ISLAND, VA 24526	54-1578039	501(C)(3)	8,081.	0.			HISTORICAL PRESERVATION
UNITED WAY OF CENTRAL VIRGINIA 1010 MILLER PARK SQUARE LYNCHBURG, VA 24501	54-0505923	501(C)(3)	33,170.	0.			PEOPLE IN CRISIS RECEIVING HELP
VECTOR SPACE 2004 MEMORIAL AVENUE LYNCHBURG, VA 24501	47-3633116	501(C)(3)	6,000.	0.			EDUCATIONAL
VIRGINIA CENTER FOR INCLUSIVE COMMUNITIES - 5511 STAPLES MILL ROAD, #202 - RICHMOND, VA 23228	20-3188273	501(C)(3)	9,700.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
VIRGINIA EPISCOPAL SCHOOL 400 VES ROAD LYNCHBURG, VA 24503	54-0506431	501(C)(3)	16,623.	0.			EDUCATIONAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA HUNTERS WHO CARE, INC. P.O. BOX 304 BIG ISLAND, VA 24526	54-1650687	501(C)(3)	7,000.	0.			HEALTHY AND INDEPENDENT LIVING
VIRGINIA LEGAL AID SOCIETY P.O. BOX 6200 LYNCHBURG, VA 24505	51-0226448	501(C)(3)	12,592.	0.			STRENGTHENING FAMILIES AND COMMUNITIES
WHIRLWIND JOHNSON FOUNDATION P.O. BOX 6293 RICHMOND, VA 23230-0293	47-2482919	501(C)(3)	11,000.	0.			HISTORICAL PRESERVATION
WOLFBANE PRODUCTIONS 524 COUNTRY CLUB ROAD APPOMATTOX, VA 24522	27-1272773	501(C)(3)	7,450.	0.			ARTS, CULTURE
YMCA OF CENTRAL VIRGINIA 1309 CHURCH STREET LYNCHBURG, VA 24504	54-0505924	501(C)(3)	10,500.	0.			SUCCESSFUL CHILDREN AND YOUTH
YOGA FOR RECOVERY - CV SATTVA YOGA CENTER - 229 MARGATE DRIVE - LYNCHBURG, VA 24502	88-2118534	501(C)(3)	5,232.	0.			HEALTHY AND INDEPENDENT LIVING
RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503	54-0505941	501(C)(3)	8,638.	0.			EDUCATIONAL
UNIVERSITY OF LYNCHBURG 1501 LAKESIDE DRIVE LYNCHBURG, VA 24501	54-0505922	501(C)(3)	8,638.	0.			EDUCATIONAL
SWEET BRIAR COLLEGE 134 CHAPEL ROAD SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	10,845.	0.			EDUCATIONAL

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	126	190,907.	0.	FMV	

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

PART I, LINE 2:

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

GREATER LYNCHBURG COMMUNITY FOUNDATION

Employer identification number

54-6112680

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

GIFT RESOURCES, AND DISTRIBUTING THE EXPENDABLE PORTIONS OF THE
RESOURCES AND THEIR EARNINGS FOR THE BENEFIT OF CHARITABLE RECIPIENTS
IN THE LOCAL AREA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE FORM 990 BEFORE THE RETURN
IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE FOUNDATION'S EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REGULARLY
REVIEWS ANY CONFLICTS OF INTEREST REPORTED ON THE CONFLICT OF INTEREST
QUESTIONNAIRE.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT/CEO RECEIVES AN INFORMAL REVIEW WITH THE BOARD OF DIRECTORS
WHICH IS USED TO SUBSTANTIATE THE PRESIDENT/CEO SALARY ADJUSTMENTS. THE
BOARD CONSIDERS A VARIETY OF FACTORS IN CONJUNCTION WITH THE INFORMAL
REVIEW TO DETERMINE THE PROPER SALARY ADJUSTMENT. DISCUSSION RELATED TO THE
PRESIDENT/CEO SALARY ADJUSTMENTS IS DOCUMENTED IN THE ORGANIZATION'S
RECORDED BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
THROUGH THE FOUNDATION'S WEBSITE. THERE IS AN ANNOUNCEMENT ON THE
FOUNDATION'S WEBSITE WHICH STATES THAT THE GOVERNING DOCUMENTS AND CONFLICT

Name of the organization

GREATER LYNCHBURG COMMUNITY FOUNDATION

Employer identification number

54-6112680

OF INTEREST POLICY ARE AVAILABLE AT THE FOUNDATION'S OFFICE.

PART XII, LINE 2C EXPLANATION

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

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

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

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

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

