

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.

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

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 \$ 21,155,284. 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 14 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 Total number of individuals employed in calendar year 2018 (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 38 7b 470.		
Revenue		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		1,120,095.	1,510,566.
9 Program service revenue (Part VIII, line 2g)		0.	18,918.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,958,169.	1,999,921.
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)		4,078,264.	3,529,405.
Expenses			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,736,756.	1,659,937.
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)		206,715.	221,572.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 96,699.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		411,667.	413,833.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,355,138.	2,295,342.
19 Revenue less expenses. Subtract line 18 from line 12		1,723,126.	1,234,063.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		40,179,939.	41,916,396.
21 Total liabilities (Part X, line 26)		660,879.	3,086,469.
22 Net assets or fund balances. Subtract line 21 from line 20		39,519,060.	38,829,927.

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 \$ 1,984,940. including grants of \$ 1,577,798.) (Revenue \$ 0.) 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 \$ 82,139. including grants of \$ 82,139.) (Revenue \$) SCHOLARSHIPS TO INDIVIDUALS ARE MADE BASED ON AN APPROVED PROCESS INVOLVING SCHOLARSHIP COMMITTEES. THERE WERE 68 SCHOLARSHIPS AWARDED IN FY 19.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,067,079.

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 temporarily restricted endowments, permanent endowments, or 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		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)*

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		

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 in 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 in Schedule O.		
	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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, or 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 in 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?		
10b			
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 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	
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 in Schedule O how this was done	X	
12c		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 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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **VA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in 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.

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

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

(A) Name and Title	(B) Average hours per week (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 DIRECTOR	1.00	X					0.	0.	0.	
(3) MS. JENNIFER BRYANT-FOSTER DIRECTOR	1.00	X					0.	0.	0.	
(4) MR. HYLAN T. HUBBARD, III VICE CHAIRMAN/DIRECTOR	1.00	X		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) MR. JAMES R. RICHARDS CHAIRMAN	1.00	X		X			0.	0.	0.	
(10) MR. ERIC J. SORENSON, JR. DIRECTOR	1.00	X					0.	0.	0.	
(11) MR. JOHN M. STONE DIRECTOR	1.00	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) MR. WILLIAM BODINE PRESIDENT/CEO	40.00			X			121,914.	0.	3,429.	

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 Sub-total							121,914.	0.	3,429.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							121,914.	0.	3,429.	

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, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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	1,510,566.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			1,510,566.				
Program Service Revenue	2 a OPERATING FEE INCOME	Business Code	525920	18,918.			18,918.	
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			18,918.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			890,423.			890,423.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		18,735,377.						
		b Less: cost or other basis and sales expenses		17,625,879.				
		c Gain or (loss)		1,109,498.				
	d Net gain or (loss)			1,109,498.			1,109,498.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				3,529,405.	0.	0.	2,018,839.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,577,798.	1,577,798.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	82,139.	82,139.		
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	121,914.	48,766.	24,382.	48,766.
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	78,574.	31,430.	31,430.	15,714.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,721.	2,289.	2,289.	1,143.
9 Other employee benefits				
10 Payroll taxes	15,363.	6,145.	3,073.	6,145.
11 Fees for services (non-employees):				
a Management				
b Legal	8,491.		8,491.	
c Accounting	8,400.		8,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	274,587.	274,587.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	29,175.	27,519.	1,656.	
12 Advertising and promotion				
13 Office expenses	24,304.	5,445.	9,896.	8,963.
14 Information technology	17,722.	7,089.	7,089.	3,544.
15 Royalties				
16 Occupancy	18,928.		18,928.	
17 Travel	2,701.		2,701.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,620.		3,620.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,759.		1,759.	
23 Insurance	3,481.	959.	2,522.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DEVELOPMENT	12,424.			12,424.
b DUES	5,328.		5,328.	
c YOUTH PHILANTHROPY	2,913.	2,913.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2,295,342.	2,067,079.	131,564.	96,699.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	145,269.	1	255,242.
	2 Savings and temporary cash investments	1,405,311.	2	1,893,560.
	3 Pledges and grants receivable, net	489,894.	3	574,630.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,609.	9	6,810.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 51,232.		
	b Less: accumulated depreciation	10b 47,675.		
	11 Investments - publicly traded securities	38,128,541.	11	39,145,770.
	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	0.	15	36,827.
16 Total assets. Add lines 1 through 15 (must equal line 34)	40,179,939.	16	41,916,396.	
Liabilities	17 Accounts payable and accrued expenses	14,207.	17	16,941.
	18 Grants payable	576,905.	18	514,948.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	69,767.	25	2,554,580.
	26 Total liabilities. Add lines 17 through 25	660,879.	26	3,086,469.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,558,369.	27	5,560,675.
	28 Temporarily restricted net assets	5,005,258.	28	4,864,293.
	29 Permanently restricted net assets	28,955,433.	29	28,404,959.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	39,519,060.	33	38,829,927.	
34 Total liabilities and net assets/fund balances	40,179,939.	34	41,916,396.	

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	3,529,405.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,295,342.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,234,063.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,519,060.
5	Net unrealized gains (losses) on investments	5	133,133.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2,056,329.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	38,829,927.

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? _____ 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		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 in 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

2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	677,494.	762,408.	1,747,157.	1,122,059.	1,511,166.	5,820,284.
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	677,494.	762,408.	1,747,157.	1,122,059.	1,511,166.	5,820,284.
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)						1,338,526.
6 Public support. Subtract line 5 from line 4.						4,481,758.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	677,494.	762,408.	1,747,157.	1,122,059.	1,511,166.	5,820,284.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	767,994.	715,850.	756,614.	871,370.	890,423.	4,002,251.
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						9,822,535.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	45.63 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	44.75 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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.		
11a		
11b		
11c		

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.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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.			
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.			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

2018

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	57	205
2 Aggregate value of contributions to (during year)	123,765.	1,391,401.
3 Aggregate value of grants from (during year)	174,005.	1,485,932.
4 Aggregate value at end of year	5,434,579.	35,604,751.

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? Yes 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? Yes 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 (e.g., 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2018

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 are a significant use of its collection items (check all that apply):

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	31,270,508.	29,430,881.	26,264,461.	27,974,250.	28,462,001.
b Contributions	1,448,355.	1,041,484.	1,587,656.	388,763.	518,865.
c Net investment earnings, gains, and losses	1,633,423.	2,635,171.	3,342,336.	-408,404.	608,937.
d Grants or scholarships	914,490.	1,346,960.	1,298,175.	1,250,526.	1,175,244.
e Other expenditures for facilities and programs	2,127,526.	264,018.	209,724.	200,468.	203,758.
f Administrative expenses	216,948.	226,050.	255,673.	239,154.	236,551.
g End of year balance	31,093,322.	31,270,508.	29,430,881.	26,264,461.	27,974,250.

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

- a Board designated or quasi-endowment .10 %
- b Permanent endowment 99.90 %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		51,232.	47,675.	3,557.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,557.

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	376,993.
(3) FUNDS HELD AS AGENCY ENDOWMENTS	2,177,587.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,554,580.

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 FIN 48 (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	3,388,551.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	133,133.	
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	133,733.	
3	Subtract line 2e from line 1	3	3,254,818.	
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	274,587.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	274,587.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,529,405.	

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	2,021,355.
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	2,020,755.	
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	274,587.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	274,587.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,295,342.	

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, 2019 AND 2018, 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 \$259,950 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

2018

**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)	12,285.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO FUND COMMUNITY OUTREACH INITIATIVE
ADULT CARE CENTER P.O. BOX 568 LYNCHBURG, VA 24505	54-1297050	501(C)(3)	7,790.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO FUND SECURITY UPGRADES
ALTAVISTA AREA YMCA PO BOX 149 ALTAVISTA, VA 24517	54-0895639	501(C)(3)	25,000.	0.			PLYMALE FOUNDATION; TO SUPPORT FAMILY CENTER RENOVATION & SECURITY PROJECT
ALTAVISTA AREA/CAMPBELL COUNTY HABITAT FOR HUMANITY, INC. - PO BOX 232 - ALTAVISTA, VA 24517	54-1793590	501(C)(3)	10,000.	0.			TO SUPPORT CONSTRUCTION OF HOME IN 2018 HOUSING PARTNERSHIP PROGRAM TO SUPPORT CONSTRUCTION
AMAZEMENT SQUARE 27 NINTH STREET LYNCHBURG, VA 24504	54-1713204	501(C)(3)	12,474.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO GENERAL SUPPORT; TO SUPPORT EARLY CHILDHOOD EDUCATION
AMERICAN RED CROSS OF THE BLUE RIDGE - 1007 SHEFFIELD DR - LYNCHBURG, VA 24502	53-0196605	501(C)(3)	5,500.	0.			TO PROVIDE GENERAL SUPPORT

- 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) (2018)

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 CARES P.O. BOX 451 AMHERST, VA 24521	46-0621650	501(C)(3)	11,000.	0.			TO PROVIDE FOOD TO INSECURE STUDENTS; YOUTH PHILANTHROPY
AMHERST GLEBE ARTS RESPONSE, INC PO BOX 117 CLIFFORD, VA 24533	06-1790232	501(C)(3)	9,041.	0.			TO SUPPORT AGAR MUSIC POETRY AND HUMANITIES
ANNE SPENCER MEMORIAL FOUNDATION 1313 PIERCE STREET LYNCHBURG, VA 24501	52-1470973	501(C)(3)	30,925.	0.			ANNUAL DONOR DESIGNATED GRANT; TO FUND REPAIRS; TO PROVIDE GENERAL SUPPORT
APPOMATTOX LITERACY INTERVENTION PROGRAM - 197 BREEZY HILL RD - SPOUT SPRING, VA 24593	54-1779269	501(C)(3)	6,800.	0.			TO SUPPORT SPRING 2019 READING PROGRAMS
AVENEL FOUNDATION P.O. BOX 686 BEDFORD, VA 24523	54-1345184	501(C)(3)	7,500.	0.			TO SUPPORT LOGGIA WALL RESTORATION
BEDFORD CHRISTIAN MINISTRIES ASSOCIATION, INC. - 217 W. WASHINGTON ST - BEDFORD, VA 24523	52-1414405	501(C)(3)	8,399.	0.			TO SUPPORT FOOD DISTRIBUTION PROGRAM
BEDFORD COMMUNITY ORCHESTRA 1900 STATLER ROAD MONTVALE, VA 24122	54-1702458	501(C)(3)	5,500.	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)	8,088.	0.			ANNUAL DONOR DESIGNATED GRANT; TO SUPPORT COMMUNITY BASED MENTORING PROGRAM
BLUE RIDGE AREA FOOD BANK PO BOX 937 VERONA, VA 24482	52-1202644	501(C)(3)	12,622.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT SUMMER KID PACKS PROGRAM

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
BOY SCOUTS OF AMERICA - BLUE RIDGE MTN. COUNCIL - P.O. BOX 7606 - ROANOKE, VA 24019	54-0912706	501(C)(3)	6,000.	0.			TO SUPPORT SCOUTREACH INITIATIVE
BOYS & GIRLS CLUB OF GREATER LYNCHBURG - 1101 MADISON STREET - LYNCHBURG, VA 24504	20-0199894	501(C)(3)	15,181.	0.			ANNUAL DONOR DESIGNATED GRANT; TO SUPPORT CHILDREN'S EDUCATION PROGRAMS; YOUTH
BROOK HILL RETIREMENT CENTER FOR HORSES, INC. - 7289 BELLEVUE RD - FOREST, VA 24551	54-2058686	501(C)(3)	8,771.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE NEED BASED SCHOLARSHIPS; TO PROVIDE GENERAL SUPPORT
CAMP KUM-BA-YAH, INC. 4415 BOONSBORO RD LYNCHBURG, VA 24503	54-1218073	501(C)(3)	12,714.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT SEND-A-KID TO CAMP; TO ASSIST WITH REPLACEMENT
CASA OF CENTRAL VIRGINIA P.O. BOX 11373 LYNCHBURG, VA 24506	54-1695593	501(C)(3)	14,075.	0.			PLYMALE FOUNDATION; TO PROVIDE SUPPORT FOR TRAINING; TO PROVIDE FOR GENERAL SUPPORT
CENTRA FOUNDATION 1920 ATHERHOLT RD LYNCHBURG, VA 24501	54-1604094	501(C)(3)	5,755.	0.			ANNUAL DONOR-DESIGNATED GRANT
CENTRAL VIRGINIA ALLIANCE FOR COMMUNITY LIVING - P.O. BOX 1390 - LYNCHBURG, VA 24505	51-0189604	501(C)(3)	7,236.	0.			PLYMALE FOUNDATION; TO FUND LICENSE AND TRAINING, AND PURCHASE EQUIPMENT
CHARLOTTESVILLE BALLET 1885 SEMINOLE TRAIL, SUITE 203 CHARLOTTESVILLE, VA 22901	90-0545068	501(C)(3)	7,500.	0.			TO PROVIDE GENERAL SUPPORT
CHILDREN'S MIRACLE NETWORK 1920 ATHERHOLT RD LYNCHBURG, VA 24501	54-1391700	501(C)(3)	6,202.	0.			ANNUAL DONOR-DESIGNATION GRANT

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
CHURCHES FOR URBAN MINISTRY 1022 FLOYD STREET LYNCHBURG, VA 24501	54-1315808	501(C)(3)	24,000.	0.			TO PROVIDE PROGRAM AND GENERAL SUPPORT
DEPAUL COMMUNITY RESOURCES 4859 WATERLICK ROAD FOREST, VA 24551	54-1108079	501(C)(3)	6,000.	0.			TO FUND IMPROVEMENTS & REPAIRS
E.C. GLASS HIGH SCHOOL ATHLETICS 2111 MEMORIAL AVE LYNCHBURG, VA 24501	54-0918686	501(C)(3)	5,586.	0.			ANNUAL DONOR-DESIGNATED GRANT
ELIZABETH'S EARLY LEARNING CENTER 2320 BEDFORD AVE LYNCHBURG, VA 24503	54-1808771	501(C)(3)	313,976.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO FUND LED LIGHTING PROJECT
ENDSTATION THEATRE COMPANY 2500 RIVERMONT AVE LYNCHBURG, VA 24503	20-4962047	501(C)(3)	6,000.	0.			TO SUPPORT EMBARK! YOUTH THEATRE CONSERVATORY
FAITH CHRISTIAN ACADEMY PO BOX 670 HURT, VA 24563	54-1466895	501(C)(3)	6,144.	0.			ANNUAL DONOR-DESIGNATED GRANT
FIRST PRESBYTERIAN CHURCH OF LYNCHBURG - 1215 VES ROAD - LYNCHBURG, VA 24503	23-6393377	501(C)(3)	7,005.	0.			TO PROVIDE GENERAL SUPPORT
FOOD FOR KIDS 5352 CLOVERDALE RD ROANOKE, VA 24019	47-4178458	501(C)(3)	5,899.	0.			TO SUPPORT THE WEEKEND PACK-A-SNACK PROGRAM
FREE CLINIC OF CENTRAL VIRGINIA 1016 MAIN ST LYNCHBURG, VA 24504	54-1420756	501(C)(3)	30,707.	0.			ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; TO PURCHASE MEDS & SUPPLIES FOR

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
FRIENDS OF BEDFORD HOSPICE HOUSE, INC. - PO BOX 985 - BEDFORD, VA 24523	20-3611474	501(C)(3)	5,758.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT
HABITAT FOR HUMANITY - GREATER LYNCHBURG - 360 ALLEHANY AVENUE - LYNCHBURG, VA 24501	54-1464802	501(C)(3)	13,989.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT BUILDING IMPROVEMENT; PLYMALE FOUNDATION
HOLIDAY LAKE 4-H EDUCATION CENTER FOR LYNCHBURG YOUTH - 1267 4-H CAMP ROAD - APPOMATTOX, VA 24522	54-6003131	501(C)(3)	6,000.	0.			TO SUPPORT NATURAL RESOURCE EDUCATION PROGRAM
HUMANKIND 150 LINDEN AVENUE LYNCHBURG, VA 24503	54-0346118	501(C)(3)	13,075.	0.			ANNUAL DONOR DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT; PLYMALE FOUNDATION
INTERFAITH OUTREACH ASSOCIATION PO BOX 1125 LYNCHBURG, VA 24505	54-1214253	501(C)(3)	19,161.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT EMERGENCY ASSISTATNCE, PROGRESSIVE RELEASE &
IRON LIVES, INC 112 SHADWELL LANE MADISON HEIGHTS, VA 24572	46-3986194	501(C)(3)	7,000.	0.			TO FUND IRON PROGRAMS
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)	27,540.	0.			TO FUND LIBRARY UPGRADES; TO SUPPORT CARDINAL FLY
JUBILEE FAMILY DEVELOPMENT CENTER 1512 FLORIDA AVE LYNCHBURG, VA 24501	54-1881948	501(C)(3)	20,769.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT THE AFTER SCHOOL PROGRAM IN JAMES RIVER CROSSING;

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
KUUMBA DANCE ENSEMBLE, INC. 3208 FOREST BROOK ROAD LYNCHBURG, VA 24501	82-2703017	501(C)(3)	5,200.	0.			TO FUND PURCHASE OF COSTUMES, EQUIPMENT, AND THEATRICAL PROPS
LAKE CHRISTIAN MINISTRIES PO BOX 695 MONETA, VA 24121	54-2034650	501(C)(3)	16,290.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE FUNDING FOR FOOD; FINANCIAL AID & NEW TOMORROWS
LEGACY PROJECT, INC. PO BOX 308 LYNCHBURG, VA 24504	54-1771178	501(C)(3)	19,701.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT
LYNCHBURG BEACON OF HOPE PO BOX 1261 LYNCHBURG, VA 24505	45-3797831	501(C)(3)	15,490.	0.			YOUTH PHILANTHROPY; TO PROVIDE PROGRAM EXPANSION
LYNCHBURG CITY SCHOOLS EDU FDN INC PO BOX 2497 LYNCHBURG, VA 24505	54-1385200	501(C)(3)	14,946.	0.			ANNUAL DONOR-DESIGNATED GRANT; TEACHER GRANT PROGRAM; TO SUPPORT TOPPER TOUCHDOWN CLUB;
LYNCHBURG COMMUNITY ACTION GROUP 1010 MAIN STREET, 2ND FLOOR LYNCHBURG, VA 24504	54-0797340	501(C)(3)	5,338.	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)	24,202.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT; PLYMALE FOUNDATION
LYNCHBURG GROWS PO BOX 12039 LYNCHBURG, VA 24506	20-0934133	501(C)(3)	12,502.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE GENERAL AND PROGRAM SUPPORT
LYNCHBURG HUMANE SOCIETY 1211 OLD GRAVES MILL RD LYNCHBURG, VA 24502	54-0570901	501(C)(3)	11,599.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PURCHASE FOUND ANIMAL MICROCHIPS

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
LYNCHBURG SYMPHONY ORCHESTRA 621 COURT ST LYNCHBURG, VA 24504	52-1304854	501(C)(3)	11,018.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT YOUTH EDUCATION PROGRAM
MARY BETHUNE ACADEMY, DBA BETHUNE NURSERY, INC. - 2249 HALIFAX STREET - LYNCHBURG, VA 24501	54-0541800	501(C)(3)	8,899.	0.			TO PURCHASE FOOD FOR MISSION
MEALS ON WHEELS PO BOX 1388 LYNCHBURG, VA 24505	23-7399875	501(C)(3)	20,098.	0.			ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; TO PROVIDE PROGRAM SUPPORT
MILLER HOME OF LYNCHBURG 2134 WESTERLY DR LYNCHBURG, VA 24501	54-0505999	501(C)(3)	7,599.	0.			TO FUND BATHROOM RENOVATIONS
MIRIAM'S HOUSE PO BOX 3196 LYNCHBURG, VA 24503	54-1606543	501(C)(3)	101,750.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT FACILITY EXPANSION
NATIONAL D-DAY MEMORIAL FOUNDATION PO BOX 77 BEDFORD, VA 24523	54-1504679	501(C)(3)	18,894.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PURCHASE TABLES, CHAIRS, HEATERS ETC
NEW VISTAS SCHOOL 520 ELDON STREET LYNCHBURG, VA 24501	54-1273630	501(C)(3)	31,311.	0.			ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; TO SUPPORT SCHOLARSHIP PROGRAM; TO
OPERA ON THE JAMES, INC PO BOX 1450 LYNCHBURG, VA 24505	56-2521625	501(C)(3)	16,955.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT OPERAWISE
PARK VIEW COMMUNITY MISSION 2420 MEMORIAL AVE LYNCHBURG, VA 24501	54-0798225	501(C)(3)	12,000.	0.			TO SUPPORT FOOD FOR THOUGHT

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
PATRICK HENRY FAMILY SERVICES PO BOX 1398 BROOKNEAL, VA 24528	54-0660819	501(C)(3)	21,122.	0.			ANNUAL DONOR-DESIGNATED GRANT FOR CHILD CARE SERVICES & FOR THE ACADEMY; TO SUPPORT LAUCH
POPLAR FOREST P.O. BOX 419 FOREST, VT 24551	54-1258296	501(C)(3)	7,000.	0.			TO SUPPORT MR. JEFFERSON'S SALON SERIES
RANDOLPH COLLEGE 2500 RIVERMONT AVE LYNCHBURG, VA 24503	54-0505941	501(C)(3)	8,014.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PURCHASE INSTRUMENTS FOR CHAMBER ORCHESTRA
RIVERMONT AREA EMERGENCY FOOD PANTRY - 1000 LANGHORNE RD - LYNCHBURG, VA 24503	54-6024478	501(C)(3)	6,500.	0.			TO PURCHASE NON-FOOD NECESSITIES FOR PANTRY
RIVERSVIEWS ARTSPACE 901 JEFFERSON ST, SUITE G3 LYNCHBURG, VA 24504	54-1736664	501(C)(3)	10,000.	0.			TO SUPPORT STUDIO 109 DIGITAL LAB BUILD
RUSH LIFETIME HOMES PO BOX 879 LYNCHBURG, VA 24505	31-1519694	501(C)(3)	6,000.	0.			TO FUND TECHNOLOGY UPGRADE
SECOND STAGE / AMHERST P.O. BOX 342 AMHERST, VA 24521	47-0964590	501(C)(3)	6,000.	0.			TO BUILD OUT, FURNISH, AND HARDWIRE COFFEE SHOP
SML GOOD NEIGHBORS, INC PO BOX 2 MONETA, VA 24121	26-1274000	501(C)(3)	7,000.	0.			TO PROVIDE SUPPORT FOR SUMMER ENRICHMENT CAMP
SOCIETY OF ST. ANDREW, INC. 3383 SWEET HOLLOW RD BIG ISLAND, VA 24526	54-1285793	501(C)(3)	9,350.	0.			TO SUPPORT LYNCHBURG GLEANING NETWORK; 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.)

(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
SOUTH CENTRAL SPAY AND NEUTER CLINIC - 1211 OLD GRAVES MILL RD - LYNCHBURG, VA 24502	26-3842124	501(C)(3)	11,003.	0.			ANNUAL DONOR-DESIGNATED GRANT
SOUTHERN MEMORIAL ASSOCIATION 401 TAYLOR ST LYNCHBURG, VA 24501	54-1737181	501(C)(3)	8,640.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO FUND WEBSITE UPGRADE
SPORTS OUTREACH INSTITUTE P.O. BOX 11855 LYNCHBURG, VA 24506	54-1479310	501(C)(3)	6,070.	0.			TO FUND COSTS OF COACHES' TRAINING WEB PORTAL
STEP WITH LINKS PROGRAM 200 S. DURHAM LYNCHBURG, VA 24501	54-6001406	501(C)(3)	10,072.	0.			ANNUAL DONOR-DESIGNATED GRANT
SWEET BRIAR COLLEGE P.O. BOX 1057 SWEET BRIAR, VA 24595	54-0534105	501(C)(3)	10,000.	0.			TO FUND SCHOLARSHIPS FOR LOCAL STUDENTS
THE AGAPE CENTER PO BOX 573 MONETA, VA 24121	26-4019295	501(C)(3)	7,500.	0.			TO FUND PAVING PARKING LOT
THE ARC OF CENTRAL VIRGINIA 1508 BEDFORD AVE LYNCHBURG, VA 24504	23-7221570	501(C)(3)	11,000.	0.			PLYMALE FOUNDATION; TO PURCHASE COMPUTER AND WEB-BASED APPLICATION
THE LINK PROJECT, INC. 1322 PIERCE ST LYNCHBURG, VA 24501	30-0710685	501(C)(3)	11,000.	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 EXPANSION OF ON-SITE CHILD CARE PROGRAM

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
THE SEDALIA CENTER, INC. 1108 SEDALIA SCHOOL RD BIG ISLAND, VA 24526	54-1578039	501(C)(3)	9,834.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO FUND PURCHASE OF A SUBCOMPACT TRACTOR/MOWER
UNITED WAY OF CENTRAL VIRGINIA 1010 MILLER PARK SQUARE LYNCHBURG, VA 24501	54-0505923	501(C)(3)	19,617.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT FOR SMART BEGINNINGS OF CENTRAL VA;
VECTOR SPACE 402 5TH STREET LYNCHBURG, VA 24504	47-3633116	501(C)(3)	5,700.	0.			TO FUND SPONSORSHIP OF COMMUNITY EVENTS
VIRGINIA CENTER FOR INCLUSIVE COMMUNITIES - 5511 STAPLES MILL RD, STE - RICHMOND, VA 23228	20-3188273	501(C)(3)	8,500.	0.			TO SUPPORT PROJECT INCLUSION
VIRGINIA CENTER FOR THE CREATIVE ARTS - 154 SAN ANGELO DR - AMHERST, VA 24521	23-7136000	501(C)(3)	5,595.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO FUND TECHNOLOGY UPGRADE
VIRGINIA HUNTERS WHO CARE, INC. PO BOX 304 BIG ISLAND, VA 24526	54-1650687	501(C)(3)	9,000.	0.			TO SUPPORT DISTRIBUTION OF VENISON TO THE HUNGRY
VIRGINIA LEGAL AID SOCIETY PO BOX 6200 LYNCHBURG, VA 24505	51-0226448	501(C)(3)	5,500.	0.			TO PROVIDE PROGRAM SUPPORT FOR STRENGTHENING FAMILIES WITH CHILDREN
VIRGINIA TECHNICAL INSTITUTE 201 OGDEN ROAD ALTAVISTA, VA 24517	27-0338868	501(C)(3)	10,000.	0.			TO FUND ADVANCE TECHNOLOGY CLASSES PROJECT
WOLFBANE PRODUCTIONS 524 COUNTRY CLUB RD APPOMATTOX, VA 24522	27-1272773	501(C)(3)	10,000.	0.			TO PROVIDE 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.)

(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
YMCA OF CENTRAL VIRGINIA 1309 CHURCH STREET LYNCHBURG, VA 24504	54-0505924	501(C)(3)	14,000.	0.			TO PROVIDE GENERAL SUPPORT
YWCA OF CENTRAL VIRGINIA 626 CHURCH ST LYNCHBURG, VA 24504	54-0506490	501(C)(3)	13,358.	0.			ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT SECURITY UPGRADE

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	82,139.	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:

ALTAVISTA AREA/CAMPBELL COUNTY HABITAT FOR HUMANITY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CONSTRUCTION OF HOME IN

2018 HOUSING PARTNERSHIP PROGRAM

Part IV Supplemental Information

TO SUPPORT CONSTRUCTION OF HOME IN 2018 HOUSING PARTNERSHIP PROGRAM

TO SUPPORT CONSTRUCTION OF HOME IN 2018 HOUSING PARTNERSHIP PROGRAM

TO SUPPORT CONSTRUCTION OF HOME IN 2018 HOUSING PARTNERSHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: AMAZEMENT SQUARE

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO GENERAL SUPPORT; TO SUPPORT EARLY CHILDHOOD EDUCATION PROGRAM; TO SUPPORT "BEE IN THE KNOW" EXHIBITION

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF GREATER LYNCHBURG

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR DESIGNATED GRANT; TO SUPPORT CHILDREN'S EDUCATION PROGRAMS; YOUTH PHILANTHROPY

NAME OF ORGANIZATION OR GOVERNMENT: CAMP KUM-BA-YAH, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT SEND-A-KID TO CAMP; TO ASSIST WITH REPLACEMENT OF CAMSITE TARPS

NAME OF ORGANIZATION OR GOVERNMENT: FREE CLINIC OF CENTRAL VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; TO PURCHASE MEDS & SUPPLIES FOR HOSPITAL & ED DIVERSION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH OUTREACH ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT EMERGENCY ASSISTATNCE, PROGRESSIVE RELEASE & INTERFAITH REBUILDS

NAME OF ORGANIZATION OR GOVERNMENT: JUBILEE FAMILY DEVELOPMENT CENTER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO SUPPORT THE AFTER SCHOOL PROGRAM IN JAMES RIVER CROSSING; PLYMALE FOUNDATION; TO SUPPORT SUMMER ENRICHMENT CAMP

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TEACHER GRANT PROGRAM; TO SUPPORT TOPPER TOUCHDOWN CLUB; CLASSROOM INITIATIVE GRANTS

NAME OF ORGANIZATION OR GOVERNMENT: NEW VISTAS SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; PLYMALE FOUNDATION; TO SUPPORT SCHOLARSHIP PROGRAM; TO PROVIDE GENERAL 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 SUPPORT LAUCH OF EXPANDED FAMILY CARE

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF CENTRAL VIRGINIA

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DONOR-DESIGNATED GRANT; TO PROVIDE PROGRAM SUPPORT FOR SMART BEGINNINGS OF CENTRAL VA; TO FUND FOOD FOR THOUGHT

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

2018

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
---	---

FORM 990, PART XII, LINE 2C:

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.

PART XI, LINE 8

RESTATEMENT OF NET ASSETS TO RECLASSIFY AGENCY FUND ENDOWMENTS AS A
LIABILITY. THE RESTATEMENT IS THE RESULT OF CLARIFICATION OF ASU
2016-14 AND 2018-08 FOR GAAP REPORTING.

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 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.

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

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

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

