

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning _____, and ending _____

**THE GREATER GREENBRIER VALLEY
COMMUNITY FOUNDATION, INC.**

55-0763800

Net Asset / Fund Balance at Beginning of Year		<u>16,161,544</u>
Revenue		
Contributions	<u>2,052,789</u>	
Program service revenue		
Investment income	<u>449,954</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>2,000</u>	
Total revenue		<u>2,504,743</u>
Expenses		
Program services	<u>1,811,910</u>	
Management and general	<u>30,622</u>	
Fundraising	<u>11,205</u>	
Total expenses		<u>1,853,737</u>
Excess / (deficit)		<u>651,006</u>
Changes		<u>1,212,957</u>
Net Asset / Fund Balance at End of Year		<u>18,025,507</u>

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Reconciliation of Revenue	
Total revenue per financial statements	<u>1,832,487</u>
Less:	
Unrealized gains	<u>1,212,957</u>
Donated services	<u>7,020</u>
Recoveries	
Other	<u>-1,892,233</u>
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>2,504,743</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,072,688</u>
Less:	
Donated services	<u>7,020</u>
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	<u>788,069</u>
Total expenses per return	<u>1,853,737</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>16,184,954</u>	<u>18,075,588</u>	
Liabilities	<u>23,410</u>	<u>50,081</u>	
Net assets	<u>16,161,544</u>	<u>18,025,507</u>	<u>1,863,963</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/21
Failure to file penalty _____

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form 8879-EO

For calendar year 2020, or fiscal year beginning ..., 2020, and ending ..., 20

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax THE GREATER GREENBRIER VALLEY COMMUNITY FOUNDATION, INC.

Taxpayer identification number 55-0763800

Name and title of officer or person subject to tax ANNE BOWLING-TUCKWILLER EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 7 rows (1a-7a) and 2 columns (b Total revenue, b Total tax, b Tax based on investment income, b Balance due, b Total tax). Includes values like 2,504,743 for line 1b.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) ..., (EIN) ... and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize MARK COLLINS CPA to enter my PIN 24994 as my signature. Enter five numbers, but do not enter all zeros.

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } Date } 11/15/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

55148424994 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } MARK A. COLLINS, CPA Date } 11/15/21

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **THE GREATER GREENBRIER VALLEY COMMUNITY FOUNDATION, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 1682
 City or town, state or province, country, and ZIP or foreign postal code
LEWISBURG WV 24901

D Employer identification number
55-0763800

E Telephone number
304-645-5620

G Gross receipts \$ **2,504,743**

F Name and address of principal officer:
ANNE BOWLING-TUCKWILLER
29114 MIDLAND TRAIL, EAST
LEWISBURG WV 24901

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: **u gvfoundation.org** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1999** **M** State of legal domicile: **WV**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1
	6	Total number of volunteers (estimate if necessary)	6	15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part 4, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,318,842	2,052,789
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	482,319	449,954
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,100	2,000
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,815,261	2,504,743
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	945,024	1,709,547
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	60,016	62,820
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
		b Total fundraising expenses (Part IX, column (D), line 25) u 11,205		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	78,761	81,370
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,083,801	1,853,737
19	Revenue less expenses. Subtract line 18 from line 12	731,460	651,006	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	16,184,954	18,075,588
	22	Net assets or fund balances. Subtract line 21 from line 20	23,410	50,081
		16,161,544	18,025,507	

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: **ANNE BOWLING-TUCKWILLER** Date: **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **MARK A. COLLINS, CPA** Preparer's signature: **MARK A. COLLINS, CPA** Date: **11/13/21** Check if self-employed PTIN: **P00136193**

Firm's name: **MARK COLLINS CPA** Firm's EIN: }
 Firm's address: **P.O. BOX 513 Mabscott, WV 25871** Phone no.: **304-255-8928**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

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

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

4a (Code:) (Expenses \$ **1,697,980** including grants of \$ **1,595,617**) (Revenue \$)
OVERALL PURPOSE AS STATED IN FORM 990, PAGE 1, PART 1, LINE 1, SUMMARY.

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4b (Code:) (Expenses \$ **113,930** including grants of \$ **113,930**) (Revenue \$)
FROM TIME TO AND TIME, AND AS AN ENHACEMENT TO THE CULTURAL OR EDUCATONAL LIFE OF THE COMMUNITY THE ORGANIZATION SERVES AS A FISCAL SPONSOR OF PROGRAMS WITH CHARITABLE PURPOSES. THESE PROGRAMS FALL UNDER THE POLICIES AND PROCEDURES OUTLINED IN THE ORGANZATION'S "FISCAL SPONSORSHIP POLICY", WHICH IS MONITORED CLOSELY BY THE BOARD.

4c (Code:) (Expenses \$ **N/A** including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses **u 1,811,910**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

		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		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
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 on Schedule O		
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 u 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?		
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?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 15, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document retention.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation reviews.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of forms, and disclosure of governing documents.

ANNE BOWLING-TUCKWILLER 29114 MIDLAND TRAIL, EAST LEWISBURG WV 24901 304-645-5620

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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) ANNE BOWLING-TUCKWILLER	40.00									
EXECUTIVE DIRECTOR	0.00			X			52,000	0	0	
(2) DIANE BROWNING	0.50									
MEMBER OF BOARD	0.00	X					0	0	0	
(3) PHILLIP CAIN	0.50									
MEMBER OF BOARD	0.00	X					0	0	0	
(4) RON FLESHMAN	1.00									
VICE CHAIRMAN	0.00	X		X			0	0	0	
(5) ELLEN GOODWIN	0.50									
MEMBER OF BOARD	0.00	X					0	0	0	
(6) DAVID HAMBRICK	0.50									
MEMBER OF BOARD	0.00	X					0	0	0	
(7) NATHANIEL HARRIS	0.50									
MEMBER OF BOARD	0.00	X					0	0	0	
(8) WILLIAM M SHIFLET, II	1.00									
CHAIRMAN OF BOARD	0.00	X		X			0	0	0	
(9) TOM ISAAC	0.50									
MEMBER OF BOARD	0.00	X					0	0	0	
(10) TWANA JACKSON	0.50									
MEMBER OF BOARD	0.00	X					0	0	0	
(11) GREG JOHNSON	0.50									
MEMBER OF BOARD	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted 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			
(12) PAULETTE KIRBY	0.50									
MEMBER OF BOARD	0.00	X					0	0	0	
(13) JO LONG	1.00									
SECRETARY OF BOARD	0.00	X		X			0	0	0	
(14) RON MAGRUDER	0.50									
MEMBER OF BOARD	0.00	X					0	0	0	
(15) CHARLES SHEETS	0.50									
MEMBER OF BOARD	0.00	X					0	0	0	
(16) ELIZABETH SPANGLER	1.00									
TREASURER	0.00	X		X			0	0	0	
CLIENT COPY.										
1b Subtotal							52,000			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							52,000			

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 **u 0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 **u 0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,052,789			
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,387			
	h Total. Add lines 1a-1f	u	2,052,789			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	449,954		449,954	
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	6a	(i) Real	CLIENT COPY.		
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
d Net gain or (loss)	u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a SOFTWARE LICENSE FEE	Business Code	2,000		2,000	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u	2,000			
12 Total revenue. See instructions	u	2,504,743	0	0	451,954	

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	1,709,547	1,709,547		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	52,000	28,600	18,200	5,200
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				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,842	3,763	2,395	684
10 Payroll taxes	3,978	2,188	1,392	398
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	13,260	7,293	4,641	1,326
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	39,178	39,178		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	2,586	1,423	905	258
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	51	28	18	5
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,200	660	420	120
23 Insurance	3,315	1,823	1,160	332
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SOFTWARE	15,065	15,065		
b GENERAL MARKETING	1,722			1,722
c MEMBERSHIP AND SUBSCRIPTI	1,392	766	487	139
d TELEPHONE	1,113	612	390	111
e All other expenses	2,488	964	614	910
25 Total functional expenses. Add lines 1 through 24e	1,853,737	1,811,910	30,622	11,205
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	99,216	1	230,774
	2	Savings and temporary cash investments	754,253	2	869,696
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	7,964	9	9,432
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9,277		
	b	Less: accumulated depreciation	4,877	10c	4,400
	11	Investments—publicly traded securities	15,277,258	11	16,922,187
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	40,663	15	39,099
16	Total assets. Add lines 1 through 15 (must equal line 33)	16,184,954	16	18,075,588	
Liabilities	17	Accounts payable and accrued expenses	23,410	17	50,081
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	23,410	26	50,081
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	16,111,089	27	17,961,521
	28	Net assets with donor restrictions	50,455	28	63,986
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	16,161,544	32	18,025,507
33	Total liabilities and net assets/fund balances	16,184,954	33	18,075,588	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,504,743
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,853,737
3	Revenue less expenses. Subtract line 2 from line 1	3	651,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,161,544
5	Net unrealized gains (losses) on investments	5	1,212,957
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	18,025,507

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
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization THE GREATER GREENBRIER VALLEY COMMUNITY FOUNDATION, INC.	Employer identification number 55-0763800
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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).

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(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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,766,249	7,368,021	2,017,184	1,318,842	2,052,789	15,523,085
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	2,766,249	7,368,021	2,017,184	1,318,842	2,052,789	15,523,085
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)						697,736
6 Public support. Subtract line 5 from line 4						14,825,349

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2,766,249	7,368,021	2,017,184	1,318,842	2,052,789	15,523,085
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	274,604	310,868	483,431	482,319	449,954	2,001,176
9 Net income from unrelated business activities, whether or not the business is regularly carried on	CLIENT COPY.					
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,230	3,000	3,000	23,100	2,000	32,330
11 Total support. Add lines 7 through 10						17,556,591

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	84.44 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	85.04 %

16a 33 1/3% support test—2020. 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

b 33 1/3% support test—2019. 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

17a 10%-facts-and-circumstances test—2020. 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

b 10%-facts-and-circumstances test—2019. 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

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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 line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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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—provide details in Part VI)	
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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

Part II, Line 10 - Other Income Detail

SOFTWARE LICENSE FEES \$ 9,230

FUNDRAISING REVENUE \$ 21,100

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Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

**THE GREATER GREENBRIER VALLEY
COMMUNITY FOUNDATION, INC.**

Employer identification number

55-0763800

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

THE GREATER GREENBRIER VALLEY

Employer identification number

55-0763800

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THOMAS CRABTREE 5 SARAH DRIVE DOVER PA 17315	\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE JAMES F. B. PEYTON FUND 178 SUMMERS STREET CHARLESTON WV 25301	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ALDERSON MAIN STREET P O BOX 117 ALDERSON WV 24910	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DISABILITY OPPORTUNITY FUND 265 SUNRISE HIGHWAY SUITE 45 ROCKVILLE CENTRE NY 11570	\$ 251,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	EMMANUEL UNITED METHODIST CHURCH 136 TRESSEL STREET WHITE SULPHUR SPRINGS WV 24986	\$ 301,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	GORDON FAMILY TRUST 80 CHADWICK COURT MILBRAE CA 94030	\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE GREATER GREENBRIER VALLEY

Employer identification number

55-0763800

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RONCEVERTE PUBLIC LIBRARY 500 MAIN STREET W RONCEVERTE WV 24970	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SHEPHERD'S CENTER OF THE GREENBRIER VALLEY P O BOX 54 LEWISBURG WV 24901	\$ 60,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	APPALACHIAN HEADWATERS P O BOX 468 LEWISBURG WV 24901	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	DISABILITY OPPORTUNITY FUND 265 SUNRISE HIGHWAY SUITE 45 ROCKVILLE CENTRE NY 11570	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE GREATER GREENBRIER VALLEY COMMUNITY FOUNDATION, INC.

Employer identification number

55-0763800

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and compliance questions.

Part II Conservation Easements.

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

Form for Part II with multiple sections: Purpose(s) of conservation easements, 2a-2d table, and various compliance questions.

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

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

Form for Part III with questions 1a, 1b, 2, and 2a, 2b regarding art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,437,448	2,102,642	2,074,955	1,835,480	1,565,286
b Contributions	219,945	254,515	280,729	680,181	263,893
c Net investment earnings, gains, and losses	258,383	368,163	-55,323	176,453	167,577
d Grants or scholarships	61,700	94,599	171,405	475,315	138,863
e Other expenditures for facilities and programs					
f Administrative expenses	29,178	29,604	26,314	23,838	22,413
g End of year balance	2,824,898	2,601,117	2,102,642	2,192,961	1,835,480

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u** 100.00 %
 - b Permanent endowment **u** %
 - c Term endowment **u** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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				
e Other		9,277	4,877	4,400
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	4,400

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

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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.)	u

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,832,487
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,212,957	
b	Donated services and use of facilities	2b	7,020	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-1,892,233	
e	Add lines 2a through 2d	2e	-672,256	
3	Subtract line 2e from line 1	3	2,504,743	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,504,743	

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	1,072,688
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	7,020	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	7,020	
3	Subtract line 2e from line 1	3	1,065,668	
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		
b	Other (Describe in Part XIII.)	4b	788,069	
c	Add lines 4a and 4b	4c	788,069	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,853,737	

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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 - FIN 48 Footnote

Generally accepted accounting principles (GAAP) provide detailed guidance for the financial statement recognition, measurement and disclosures of uncertain tax positions recognized in an enterprise's financial statements. GAAP requires and entity to recognize the financial statement impact of a tax position when it is more likely than not that the position will be sustained upon examination. The Foundation believes that all significant tax positions utilized by the Foundation will more likely than not be sustained upon examination.

As of December 31, 2020, the tax years that remain subject to examination by the major tax jurisdictions under the statute of limitations are from

Part XIII Supplemental Information (continued)

the 2018 calendar year forward (with limited exceptions). Tax penalties and interest, if any, would be accrued as incurred and would be classified as expense in the statement of activities.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

ASSET BASED FEE REVENUE	\$	157,109
BANK AND ADMIN. FEES ON INVESTMENTS	\$	-196,287
REVENUES RECOGNIZED PER FORM 990 NOT PER AUDITED FINANCIAL	\$	0
STATEMENTS RELATED TO FUNDS HELD FOR BENEFIT OF OTHERS	\$	-1,853,055
Direct exp included on Form 990, PartVIII, Lines 8B	\$	0

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Direct exp included on Form 990, PartVIII, Lines 8B	\$	0
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Part XII, Line 4b - Expense Amounts Included on Return - Other

BANK AND ADMIN. FEES ON INVESTMENTS	\$	39,178
EXPENSES PER FORM 990 NOT INCLUDED IN AUDITED FINANCIAL	\$	0
STATEMENTS RELATED TO FUNDS HELD FOR BENEFIT OF OTHERS	\$	748,891

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **THE GREATER GREENBRIER VALLEY
COMMUNITY FOUNDATION, INC.** Employer identification number **55-0763800**

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
(1)	CITY OF WHITE SULPHUR SPRINGS 589 MAIN STREET W WHITE SULPHUR SPRINGS WV 24986	55-6000272		449,695				OPERATIONS
(2)	GAY & BECKY SHINNABERRT SCHOLARSHIP P O BOX 6004 MORGANTOWN WV 26506	55-6000842		5,250				SCHOLARSHIP
(3)	GAY AND BECKY SHINABERRY SCHOLAR 200 HIGHT STREET GLENVILLE WV 26351	55-0713410	CLIENT COPY.					SCHOLARSHIP
(4)	JIM GLASS FENCING COMPANY 1148 MONROE DRAFT ROAD RONCEVERTE WV 24970	55-0762937		17,528				OPERATIONS/CONSTRUCT
(5)	LEWISBURG FOUNDATION FUND P.O. BOX 1755 LEWISBURG WV 24901	55-0586192		10,000				OPERATIONS
(6)	LYNCH CONSTRUCTION 2740 POCAHONTAS TRAIL WHITE SULPHUR SPRINGS WV 24986	55-0611254		20,000				OPERATIONS/CONSTRUCT
(7)	NRTC FOUNDATION, INC. P O BOX 274 DANIELS WV 25832	55-0677640		65,330				SCHOLARSHIP
(8)	OLD STONE PRESBYTERIAN CHURCH 464 CHURCH STREET LEWISBURG WV 24901	55-0387642		7,364				OPERATIONS
(9)	S.J. NEATHAWK LUMBER P.O. BOX 427 LEWISBURG WV 24901	55-0488421		17,997				OPERATIONS/CONSTRUCT

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

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

**THE GREATER GREENBRIER VALLEY
COMMUNITY FOUNDATION, INC.**

Employer identification number

55-0763800

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
(1)	SENECA TRAIL CHARITABLE FOUNDATION P.O. BOX 563 LEWISBURG WV 24901	81-4806941		100,000				OPERATIONS
(2)	CARNEGIE HALL, INC. 611 CHURCH STREET LEWISBURG WV 24901	55-0639668		10,000				OPERATIONS
(3)	GREENBRIER VALLEY AQUATIC CENTER 674 CHURCH STREET LEWISBURG WV 24901	83-0858673		21,000				OPERATIONS
(4)	STATE FAIR OF WEST VIRGINIA P O DRAWER 986 LEWISBURG WV 24901	55-0326802		20,000				OPERATIONS
(5)	DAVENPORT & VALLEY INSULATION P O BOX 232 MT. CRAWFORD VA 22841	59-3214406		9,800				OPERATIONS/CONSTRUCT
(6)	S.J. NEATHAWK LUMBER P.O. BOX 427 LEWISBURG WV 24901	55-0488421		30,728				OPERATIONS/CONSTRUCT
(7)	GAY & BECKY SHINABERRY SCHOLARSHIP 101 FORT AVENUE KEYSER WV 26726	55-6000793		5,250				SCHOLARSHIP
(8)	BIMBO COLES AND COMPANY PROJECT 1102 WASHINGTON STREET E LEWISBURG WV 24901	82-4565624		19,842				COVID-19 RESPONSE
(9)	CITY OF WHITE SULPHUR SPRINGS 589 MAIN STREET W WHITE SULPHUR SPRINGS WV 24901	55-6000272		55,000				OPERATIONS

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

**SCHEDULE I
(Form 990)**

**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.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **THE GREATER GREENBRIER VALLEY
COMMUNITY FOUNDATION, INC.**

Employer identification number
55-0763800

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
(1)	EMMANUEL UNITED METHODIST CHURCH 136 TRESSEL STREET WHITE SULPHUR SPRINGS WV 24986	55-0580736		500,000				
(2)	GREENRIVER ACADEMY 722 MAIN STREET E WHITE SULPHUR SPRINGS WV 24986	85-1593600		20,000				OPERATIONS
(3)	MONROE COUNTY OFF OF EMERGENCY SRVC P O BOX 911 UNION WV 24983			5,088				COVID-19 RESPONSE
(4)	POCAHONTAS COUNTY FAMILY RESOURCE P O BOX 3 MARLINTON WV 24954	55-0760549		6,000				OPERATIONS/COVID
(5)	UNITED WAY OF THE GREENBRIER VALLEY 809 JEFFERSON STREET S LEWISBURG WV 24901	55-0665618		14,029				COVID-19 RESPONSE
(6)	WSS WISH CENTER 24 TRESSEL STREET WHITE SULPHUR SPRINGS WV 24986	82-2691606		10,000				OPERATIONS
(7)								
(8)								
(9)								

CLIENT COPY.

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

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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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public
Inspection**

Name of the organization

**THE GREATER GREENBRIER VALLEY
COMMUNITY FOUNDATION, INC.**

Employer identification number

55-0763800**Form 990 - Organization's Mission or Most Significant Activities**

The Greater Greenbrier Valley Community Foundation, Inc., a nonprofit West Virginia corporation (the Foundation), was organized in 1999 to administer and distribute property for charitable purposes, principally within the area of the Greenbrier Valley of southeastern, West Virginia, consisting of Greenbrier, Monroe and Pocahontas counties. The broad objectives of the Foundation include growing the amount and impact of charitable giving in this area by serving individual and institutional donors as the most flexible and tax-efficient method to give to this community. The Foundation strives to connect donors to the causes they care about most and to the needs of the community. Also, in recent years, the Foundation's operational area has found the need for a non-profit to serve as a fiscal sponsor, principally as it relates to flood relief efforts related to the devastating Spring 2016 floods suffered by large parts of West Virginia.

Form 990 - Organization's Mission

THE GREATER GREENBRIER VALLEY COMMUNITY FOUNDATION, INC. WAS ESTABLISHED IN 1999 TO CREATE AND ADMINISTER FUNDS, ACCEPT CONTRIBUTIONS, AND DISTRIBUTE GRANTS THAT BENEFIT THE PEOPLE OF THE GREATER GREENBRIER VALLEY OF SOUTHEASTERN OF WEST VIRGINIA.

Form 990, Part I, Line 6

THE NUMBER OF 15 VOLUNTEERS REPRESENTS THE BOARD OF DIRECTORS MEMBERS WHO PROVIDE SIGNIFICANT TIME THROUGHOUT THE YEAR. THE VALUE OF THESE SERVICES ARE NOT RECORDED IN THIS DOCUMENT, NOR IN THE AUDITED FINANCIAL STATEMENTS.

Name of the organization

Employer identification number

THE GREATER GREENBRIER VALLEY

55-0763800

Form 990, Part VI, Line 2 - Related Party Information Among Officers

GIVEN THE SMALLNESS OF THE

COMMUNITY IN WHICH THE FOUNDATION

OPERATES, NUMEROUS OF THESE TYPE

TRANSACTIONS COULD OCCUR.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

ON NOVEMBER 10, 2021 THE BOARD OF DIRECTORS WAS PROVIDED A FULL COPY OF THE FORM 990 RETURN BY EMAIL ALONG WITH A 'BOARD REVIEW CHECKLIST" (ATTACHED)

CLIENT COPY.

FOR THEIR INDIVIDUAL REVIEW. THIS BOARD REVIEW DOCUMENT PROVIDES A STEP BY

STEP APPROACH TO THE REVIEW OF FORM 990 AND IS A RESOURCE PROVIDED BY

THOMSON REUTERS CHECKPOINT TAX RESEARCH SOFTWARE. ALONG WITH THIS, A

MEMORANDUM WAS PREPARED PROVIDING THE PREPARER'S CONTACT INFORMATION IN

ORDER TO PROVIDE QUESTIONS TO HIM AS WELL AS DESCRIBING THE IMPORTANCE OF

THE BOARD REVIEW.

THIS WAS DONE IN ANTICIPATION OF FILING THE FORM 990 ON THE EXTENDED DUE

DATE OF NOVEMBER 15, 2021.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

CONFLICT POLICY IS ENFORCED REGULARLY BY REQUIRING THAT ALL BOARD MEMBERS

DISCLOSE ANY SUCH ITEMS IN WRITTEN FASHION.

Name of the organization

Employer identification number

THE GREATER GREENBRIER VALLEY

55-0763800

Form 990, Part VI, Line 15a - Compensation Process for Top Official

ANNUALLY THERE IS A REIVEW CONDUCTED OF ALL EMPLOYEE COMPENSATION AWARDED.

THIS IS CONDUCTED BY THE BOARD IN TOTAL.

Form 990, Part VI, Line 15b - Compensation Process for Officers

SAME AS ABOVE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE OFFICE OF THE

ORGANIZATON IN LEWISBURG, WEST VIRGINIA.

CLIENT COPY.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2020

Attachment Sequence No. **179**

Name(s) shown on return **THE GREATER GREENBRIER VALLEY
COMMUNITY FOUNDATION, INC.**

Identifying number
55-0763800

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election CLIENT COPY.	15	
16	Other depreciation (including ACRS)	16	1,200

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,200
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

55-0763800

Federal Asset Report

FYE: 12/31/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	IBM Laptop Computer	3/30/10	2,125			2,125	3 MO S/L	2,125	0
2	Computer	3/19/14	1,152			1,152	3 MO S/L	1,152	0
3	Refurbished Lenovo Think Pad	11/01/18	1,000			1,000	5 MO S/L	233	200
4	Set Up Fee Foundation Accounting and DB:	11/13/19	5,000			5,000	5 MO S/L	167	1,000
	Total Other Depreciation		<u>9,277</u>			<u>9,277</u>		<u>3,677</u>	<u>1,200</u>
	Total ACRS and Other Depreciation		<u>9,277</u>			<u>9,277</u>		<u>3,677</u>	<u>1,200</u>
	Grand Totals		9,277			9,277		3,677	1,200
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>9,277</u>			<u>9,277</u>		<u>3,677</u>	<u>1,200</u>

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Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
-------------	-------------	--------------	--------------------	------------	------------	---

There are no assets that meet the criteria of this report

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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	IBM Laptop Computer	3/30/10	2,125	0	0
2	Computer	3/19/14	1,152	0	0
3	Refurbished Lenovo Think Pad	11/01/18	1,000	200	0
4	Set Up Fee Foundation Accounting and DBase	11/13/19	5,000	1,000	0
	Total Other Depreciation		<u>9,277</u>	<u>1,200</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>9,277</u>	<u>1,200</u>	<u>0</u>
	Grand Totals		<u>9,277</u>	<u>1,200</u>	<u>0</u>

CLIENT COPY.

Electronic Filing - PDF Attachment Report

Form **990/**
990-PF

For calendar year 2020, or tax year beginning , and ending

2020

Name

**THE GREATER GREENBRIER VALLEY
COMMUNITY FOUNDATION, INC.**

Taxpayer Identification Number

55-0763800

Title	Attachment Source	Proforma
<p>MANUALLY ATTACHED TO RETURN Board Review Checklist for Federal Form 990</p> <p style="text-align: center; font-size: 2em;">CLIENT COPY.</p>	<p>O:\Client Files\Greater Greenbrier Valley Community Found ation, Inc\Engagement File\2020\Form 990\20 Board Review</p>	<p>No</p>

Form 990		Two Year Comparison Report		2019 & 2020	
Name		For calendar year 2020, or tax year beginning		, ending	
Taxpayer Identification Number					
Name		THE GREATER GREENBRIER VALLEY COMMUNITY FOUNDATION, INC.		Taxpayer Identification Number 55-0763800	
			2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1.	1,318,842	2,052,789	733,947
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.			
	5. Investment income	5.	482,319	449,954	-32,365
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.	12,100		-12,100
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	2,000	2,000	
	12. Total revenue. Add lines 1 through 11	12.	1,815,261	2,504,743	689,482
Expenses	13. Grants and similar amounts paid	13.	945,024	1,709,547	764,523
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	48,000	52,000	4,000
	16. Salaries, other compensation, and employee benefits	16.	12,016	10,820	-1,196
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	50,895	52,438	1,543
	19. Occupancy, rent, utilities, and maintenance	19.			
	20. Depreciation and Depletion	20.	367	1,200	833
	21. Other expenses	21.	27,499	27,732	233
	22. Total expenses. Add lines 13 through 21	22.	1,083,801	1,853,737	769,936
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	731,460	651,006	-80,454
Other Information	24. Total exempt revenue	24.	1,815,261	2,504,743	689,482
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	496,419	451,954	-44,465
	27. Total assets	27.	16,184,954	18,075,588	1,890,634
	28. Total liabilities	28.	23,410	50,081	26,671
	29. Retained earnings	29.	16,161,544	18,025,507	1,863,963
	30. Number of voting members of governing body	30.	14	15	
	31. Number of independent voting members of governing body	31.	14	15	
	32. Number of employees	32.	1	1	
33. Number of volunteers	33.	15	15		

Form 990	Tax Return History	2020
Name THE GREATER GREENBRIER VALLEY COMMUNITY FOUNDATION, INC.		Employer Identification Number 55-0763800

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	2,766,249	7,368,021	2,017,184	1,318,842	2,052,789	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	274,604	310,868	483,431	482,319	449,954	
Fundraising revenue (income/loss)				12,100		
Gaming revenue (income/loss)						
Other revenue	1,269	3,000	3,000	2,000	2,000	
Total revenue	3,042,122	7,681,889	2,503,615	1,815,261	2,504,743	
Grants and similar amounts paid	1,507,733	2,871,597	2,566,786	945,024	1,709,547	
Benefits paid to or for members						
Compensation of officers, etc.	44,896	58,800	6,667	48,000	52,000	
Other compensation	11,142	13,988	76,290	12,016	10,820	
Professional fees	28,167	47,312	47,168	50,895	52,438	
Occupancy costs						
Depreciation and depletion	384	96	33	367	1,200	
Other expenses	20,338	22,697	32,071	27,499	27,732	
Total expenses	1,612,660	3,014,490	2,729,015	1,083,801	1,853,737	
Excess or (Deficit)	1,429,462	4,667,399	-225,400	731,460	651,006	
Total exempt revenue	3,042,122	7,681,889	2,503,615	1,815,261	2,504,743	
Total unrelated revenue						
Total excludable revenue	275,873	313,868	486,431	496,419	451,954	
Total Assets	9,170,732	14,648,964	13,572,182	16,184,954	18,075,588	
Total Liabilities	22,906	23,465	23,443	23,410	50,081	
Net Fund Balances	9,147,826	14,625,499	13,548,739	16,161,544	18,025,507	

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Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST AND DIVIDENDS	\$ 357,713		14			
Total	<u>\$ 357,713</u>					

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Federal Statements

FYE: 12/31/2020

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
FUNDRAISER ATTENDANCE	\$ 646	\$	\$	\$ 646
CONFERENCES AND EDUCATION	608	334	213	61
ANNUAL REPORT RECEPTION	462	254	162	46
MISCELLANEOUS	399	219	140	40
WEBSITE	200	110	70	20
ANNUAL REPORT PRINTING	125	69	43	13
DONOR RECRUITMENT	88			88
OTHER LICENSES AND TAXES	-40	-22	-14	-4
Total	<u>\$ 2,488</u>	<u>\$ 964</u>	<u>\$ 614</u>	<u>\$ 910</u>

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Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
FUND CONTRIBUTIONS LESS THAN \$5,000	\$ 102,127
PASS THROUGH GIFTS LESS THAN \$5,000	3,874
FISCAL SPONSORSHIP LESS THAN \$5,000	3,170
CONTRIBUTION OF SECURITIES	4,387
REFUND OF SCHOLARSHIP	1,500
DONATIONS TO OPERATIONS	8
THOMAS CRABTREE	
Cash Contribution	55,000
NEW RIVER COMMUNITY AND TECHNICAL	
Cash Contribution	10,673
GREENBRIER MILITARY SCHOOL ALUMNI	
Cash Contribution	20,000
THE JAMES F. B. PEYTON FUND	
Cash Contribution	70,000
STATE FAIR OF WV	
Cash Contribution	8,138
THERESA THOMPSON	
Cash Contribution	10,000
UNITED WAY OF GREENBRIER VALLEY	
Cash Contribution	26,700
UNITED WAY OF GREENBRIER VALLEY	
Cash Contribution	8,945
CYNTHIA AND JOHN HALL	
Cash Contribution	7,000
PHILANTHROPY WV	
Cash Contribution	16,634
KATHY CARLISLE	
Cash Contribution	10,000
ALDERSON MAIN STREET	
Cash Contribution	50,000
DISABILITY OPPORTUNITY FUND	
Cash Contribution	251,000
EMMANUEL UNITED METHODIST CHURCH	
Cash Contribution	301,200
RICK AND RAMONA GOODALL	
Cash Contribution	5,000
GORDON FAMILY TRUST	
Cash Contribution	200,000

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Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
GRANT FAMILY TRUST	\$
Cash Contribution	5,000
HOMES FOR WHITE SULPHUR SPRINGS	
Cash Contribution	5,000
DEBORAH HUGHES	
Cash Contribution	10,500
LANDRY FAMILY FOUNDATION	
Cash Contribution	25,000
MONROE COUNTY PUBLIC LIBRARY	
Cash Contribution	25,000
MYLAN CHARITABLE FOUNDATION	
Cash Contribution	25,000
RONCEVERTE PUBLIC LIBRARY	
Cash Contribution	100,000
SHEPHERD'S CENTER OF THE GREENBRIER	
Cash Contribution	60,000
SMOOTH AMBLER SPIRITS	
Cash Contribution	8,683
ELIZABETH SPANGLER	
Cash Contribution	5,500
IRIS AND JOSEPH SUBRICK	
Cash Contribution	5,000
SARAH AND JIM UMBERGER	
Cash Contribution	7,750
JAN WESTERIK	
Cash Contribution	20,000
APPALACHIAN HEADWATERS	
Cash Contribution	50,000
MARCIE AND BILL COATES	
Cash Contribution	5,000
MARY ELLEN AND CLAIBORNE ROBINS	
Cash Contribution	10,000
TRUIST FOUNDATION	
Cash Contribution	20,000
DISABILITY OPPORTUNITY FUND	
Cash Contribution	500,000

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Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
Total	\$ <u>2,052,789</u>

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Federal Statements

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Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
THOMAS CRABTREE	\$ 118,000	\$
NEW RIVER COMMUNITY AND TECHNICAL	118,663	
CITY OF WHITE SULPHUR SPRINGS,	900,000	548,868
DAN WITHROW	9,200	
NORTHERN GREENBRIER HEALTH CLINIC	90,000	
GREENBRIER MONROE YOUTH LIVESTOCK	20,000	
PAUL BLAND	25,000	
EPISCOPAL CHURCH OF THE INCARNATION	12,035	
ALL SAINTS EPISCOPAL CHURCH	30,000	
DAVID HAMBRICK	11,895	
GAP MILLS RURITAN CLUB	10,000	
HOLLY ROBERTSON	10,000	
HILLCREST COMMUNITY CEMETERY ASSOC.	10,000	
MONROE HISTORICAL SOCIETY	64,841	
GVEDC	100,000	
ALVIN AND GRACE SHIFLET	5,464	
BANK OF MONROE	12,000	
BEN WOODSIDE	5,000	
COY FLOWERS AND JONATHAN HEMBY	35,778	
GREENBRIER MILITARY SCHOOL ALUMNI	60,000	
MT ZION CEMETERY ASSOCIATION	11,000	
THE JAMES F. B. PEYTON FUND	120,000	
POCAHONTAS COUNTY HUMANE SOCIETY	200,000	
ROBERT BOLES	50,534	
STATE FAIR OF WV	27,206	
THERESA THOMPSON	20,000	
UNITED WAY OF GREENBRIER VALLEY	106,700	
UNITED WAY OF GREENBRIER VALLEY	88,945	
CYNTHIA AND JOHN HALL	17,000	
FRANK ALDERMAN	5,000	
JOHN HALL	5,000	
JUDITH AND JERRY JARED	10,000	
PAUL VON KUSTER	5,000	
RURAL DEVELOPMENT PARTNERS	75,000	
SENECA TRAIL CHARITABLE FOUNDATION	10,000	
WEST VIRGINIA GREAT BARREL COMPANY	75,000	
PHILANTHROPY WV	16,634	
KATHY CARLISLE	10,000	
ALDERSON MAIN STREET	50,000	
DISABILITY OPPORTUNITY FUND	251,000	
EMMANUEL UNITED METHODIST CHURCH	301,200	
RICK AND RAMONA GOODALL	5,000	
GORDON FAMILY TRUST	200,000	
GRANT FAMILY TRUST	5,000	
HOMES FOR WHITE SULPHUR SPRINGS	5,000	
DEBORAH HUGHES	10,500	
LANDRY FAMILY FOUNDATION	25,000	
MONROE COUNTY PUBLIC LIBRARY	25,000	
MYLAN CHARITABLE FOUNDATION	25,000	
RONCEVERTE PUBLIC LIBRARY	100,000	
SHEPHERD'S CENTER OF THE GREENBRIER	60,000	
SMOOTH AMBLER SPIRITS	8,683	
ELIZABETH SPANGLER	5,500	
IRIS AND JOSEPH SUBRICK	5,000	

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Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts (continued)**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
SARAH AND JIM UMBERGER	\$ 7,750	\$
JAN WESTERIK	20,000	
APPALACHIAN HEADWATERS	50,000	
MARCIE AND BILL COATES	5,000	
MARY ELLEN AND CLAIBORNE ROBINS	10,000	
TRUIST FOUNDATION	20,000	
DISABILITY OPPORTUNITY FUND	500,000	148,868
Total	\$ <u>4,195,528</u>	\$ <u>697,736</u>

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Federal Statements**Schedule A, Part II, Line 8(e)**

Description	Amount
INTEREST AND DIVIDENDS	\$ 357,713
REALIZED GAIN ON INVESTMENTS	92,241
Total	\$ <u>449,954</u>

Schedule A, Part II, Line 10(e)

Description	Amount
SOFTWARE LICENSE FEE	\$ 2,000
TOUR DE CYCLE FUNDRAISER	
Total	\$ <u>2,000</u>

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Federal Statements

FYE: 12/31/2020

Accounts payable - BOY

<u>Code</u>	<u>Description</u>	<u>Amount</u>	<u>Amount</u>
	OTHER ACCRUED EXPENSES	\$ 22,020	\$
	ACCRUED AND WITHHELD PAYROLL	1,390	
Total		\$ 23,410	\$ 0

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
GRANTS PAYABLE	\$ 25,705
OTHER ACCRUED EXPENSES	23,120
ACCRUED AND WITHHELD PAYROLL	1,256
Total	\$ 50,081

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