

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

2023

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 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24

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

C Name of organization
COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 208
City or town, state or province, country, and ZIP or foreign postal code
FREDERICKSBURG VA 22401
F Name and address of principal officer:
TERI MCNALLY
PO BOX 208
FREDERICKSBURG VA 22401
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: WWW.CFRRR.ORG
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Year of formation: 1997
M State of legal domicile: VA

D Employer identification number
54-1843987
E Telephone number
540-373-9292
G Gross receipts\$ 20,847,681
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
H(c) Group exemption number

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
THE COMMUNITY FOUNDATION IS A DEVOTED ADVOCATE FOR THE VITALITY AND WELL-BEING OF THE RAPPAHANNOCK RIVER REGION. (CONTINUED IN SCHEDULE O)
2 Check this box ☐ 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 26
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 25
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 7
6 Total number of volunteers (estimate if necessary) 6 67
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 2,549,689
9 Program service revenue (Part VIII, line 2g) 0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 431,271
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 81,458
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,062,418 4,960,095

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 2,148,977
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) 494,750
16a Professional fundraising fees (Part IX, column (A), line 11e) 0
b Total fundraising expenses (Part IX, column (D), line 25) 103,261
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 477,919
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,121,646
19 Revenue less expenses. Subtract line 18 from line 12 -59,228 1,387,040

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 50,870,554
21 Total liabilities (Part X, line 26) 1,592,326
22 Net assets or fund balances. Subtract line 21 from line 20 49,278,228 56,073,365 1,909,442 54,163,923

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
TERI MCNALLY
Type or print name and title
CHIEF EXEC OFFICER

Date

Paid Preparer Use Only

Print/Type preparer's name
WILLIAM T. PATCHETT, JR.
Firm's name
SCHEULEN, PATCHETT & EDWARDS, P.C.
Firm's address
98 ALEXANDRIA PIKE, SUITE 22
WARRENTON, VA 20186

Preparer's signature
Date
Check ☐ if self-employed PTIN
P01264713
Firm's EIN
54-1934818
Phone no.
540-347-1040

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

For Paperwork Reduction Act Notice, see the separate instructions.
DAA Form 990 (2023)

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:**THE COMMUNITY FOUNDATION IS A DEVOTED ADVOCATE FOR THE VITALITY AND WELL-BEING OF THE RAPPAHANNOCK RIVER REGION. (CONTINUED IN 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 \$ **69,000** including grants of \$ **69,000**) (Revenue \$)**AS PROUD RESIDENTS OF THE RAPPAHANNOCK RIVER REGION, THE COMMUNITY FOUNDATION SHARES A COMMON VISION: WE LOVE OUR COMMUNITY. WE KNOW THAT STRONG, SUSTAINABLE NONPROFIT ORGANIZATIONS HAVE AN IMMEASURABLE IMPACT ON THE COMMUNITIES THEY SERVE.****OUR LOCAL COMMUNITIES FACE REAL CHALLENGES, AND THE SOLUTIONS ARE NOT SIMPLE, YET WE BELIEVE STRONGLY IN THE VALUE AND THE POTENTIAL OF OUR AREA. THE COMMUNITY FOUNDATION OF THE RAPPAHANNOCK RIVER REGION OFFERS A POWERFUL WAY TO OFFER HELP THROUGH THE COMMUNITY FUND. DIRECTED BY THE FOUNDATION'S BOARD OF GOVERNORS, IT WAS DESIGNED SUCH THAT IT CAN BE RE-TARGETED EACH YEAR IN RESPONSE TO THE MOST PROMISING OPPORTUNITIES FOR IMPACT. (CONTINUED IN SCHEDULE O)****4b** (Code:) (Expenses \$ **218,592** including grants of \$ **218,592**) (Revenue \$)**THE COMMUNITY FOUNDATION BELIEVES SUPPORTING EDUCATION IS ONE OF THE GREATEST INVESTMENTS WE CAN MAKE IN OUR COMMUNITY. EACH YEAR, OUR 45+ SCHOLARSHIP FUNDS MAKE AWARDS TO 50+ STUDENTS PURSUING THEIR DREAMS. WE ARE HONORED TO SUPPORT OUR REGION'S YOUTH ON THEIR WAY TO BECOMING OUR FUTURE LEADERS, SCHOLARS AND WORKFORCE.****UNDERLYING EVERY COMMUNITY FOUNDATION SCHOLARSHIP FUND IS THE BELIEF THAT HIGHER EDUCATION IS A VITAL INVESTMENT IN OUR REGION'S FUTURE. SCHOLARSHIPS REPRESENT SO MUCH TO OUR AREA'S STUDENTS - THEY ARE A TANGIBLE, FINANCIAL SUPPORT FOR THEIR FUTURES, AND THE DEMONSTRATION THAT THEIR COMMUNITY BELIEVES IN THE IMPORTANCE OF INVESTING IN THE SUCCESS OF OUR AREA'S YOUTH. (CONTINUED IN SCHEDULE O)****4c** (Code:) (Expenses \$ **57,064** including grants of \$ **15,000**) (Revenue \$)**IN JANUARY 2021, THE COMMUNITY FOUNDATION ESTABLISHED THE NONPROFIT LEADERSHIP COHORT, A GROUP OF NONPROFITS COMMITTED TO A THRIVING, EQUITABLE AND MORE RESILIENT REGION. OUR FOCUS WAS TO ENHANCE OUR REGIONAL SECTOR'S SHARED EFFECTIVENESS, CAPACITY AND SUSTAINABILITY TO BETTER SERVE THE COMMUNITY.****OUT OF THIS WORK CAME THREE PRIORITIES: STRENGTHEN THE CAPACITY OF THE NONPROFITS SERVING OUR REGION THROUGH TRAINING AND PROFESSIONAL DEVELOPMENT; BRING MORE NONPROFIT ORGANIZATIONS TO THE TABLE AND CREATE NEW WAYS TO ENGAGE AND CONNECT AS A SECTOR; AND BUILD AWARENESS ABOUT THE WORK AND IMPACT OF NONPROFITS WITHIN OUR ORGANIZATIONS, AND THROUGHOUT THE COMMUNITY. (CONTINUED IN SCHEDULE O)****4d** Other program services (Describe on Schedule O.)(Expenses \$ **2,870,683** including grants of \$ **2,149,647**) (Revenue \$)**4e** Total program service expenses **3,215,339**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 5	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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	7
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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	3b	
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)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	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
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	26		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent	1b	25		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?		6		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?		8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?		8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		9		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

TERI MCNALLY
FREDERICKSBURG

PO BOX 208

VA 22401

540-373-9292

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAUL GIAMBRA										
PRESIDENT	3.00 0.00	X		X				0	0	0
(2) SHARON SCHMIDT										
PRESIDENT-ELECT	1.50 0.00	X		X				0	0	0
(3) AMY E. MCCULLOUGH										
SECRETARY	1.50 0.00	X		X				0	0	0
(4) ANDREW GROSSNICKLE										
TREASURER	3.00 0.00	X		X				0	0	0
(5) STEPHANIE HANCHEY										
PAST PRESIDENT	1.00 0.00	X		X				0	0	0
(6) BETH BLACK										
BOARD MEMBER	1.00 0.00	X						0	0	0
(7) BILL BOLDON										
BOARD MEMBER	1.00 0.00	X						0	0	0
(8) HARRY D. DICKINSON										
BOARD MEMBER	1.00 0.00	X						0	0	0
(9) ANGELA FREEMAN										
BOARD MEMBER	1.00 0.00	X						0	0	0
(10) JANET GULLICKSON										
BOARD MEMBER	1.00 0.00	X						0	0	0
(11) RANDALL O HARRIS										
BOARD MEMBER	1.00 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 (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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GAYLE HOCK										
(12) BOARD MEMBER	1.00 0.00	X						0	0	0
(13) STACY HORNE										
(13) BOARD MEMBER	1.00 0.00	X						0	0	0
(14) TYRONE A LOGAN										
(14) BOARD MEMBER	1.00 0.00	X						0	0	0
(15) BENJAMIN R. MAXWELL										
(15) BOARD MEMBER	1.00 0.00	X						0	0	0
(16) CHRISSY MCDERMOTT										
(16) BOARD MEMBER	1.00 0.00	X						0	0	0
(17) JENN MCGOVERN										
(17) BOARD MEMBER	1.00 0.00	X						0	0	0
(18) BROOKE MILLER										
(18) BOARD MEMBER	1.00 0.00	X						0	0	0
(19) STEVE NORAIR										
(19) BOARD MEMBER	1.00 0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								162,870		15,117
d Total (add lines 1b and 1c)								162,870		15,117

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

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

Section B. Independent Contractors

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

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

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

0

Part VIII Statement of RevenueCheck 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	2,213,784			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 551,951			
	h	Total. Add lines 1a-1f		2,213,784			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,471,863			1,471,863
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	7a	17,000,205			
	b	Less: cost or other basis and sales exps.	7b	15,846,497			
	c	Gain or (loss)	7c	1,153,708			
	d	Net gain or (loss)		1,153,708			1,153,708
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	161,829			
	b	Less: direct expenses	8b	41,089			
	c	Net income or (loss) from fundraising events		120,740			120,740
	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					
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						
Miscellaneous Revenue	Business Code						
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		4,960,095	0	0	2,746,311	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,233,647	2,233,647		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	218,592	218,592		
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	162,870	107,657	47,754	7,459
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	352,297	229,539	92,398	30,360
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,975	5,738	2,485	752
9 Other employee benefits	25,945	17,928	6,546	1,471
10 Payroll taxes	40,638	26,705	10,668	3,265
11 Fees for services (nonemployees):				
a Management				
b Legal	2,660		2,660	
c Accounting	17,950		17,950	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	258,676	258,676		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	19,003	13,452	5,551	
12 Advertising and promotion				
13 Office expenses	39,054	19,542	6,690	12,822
14 Information technology	58,725	16,029	28,752	13,944
15 Royalties				
16 Occupancy	21,050	3,158	14,734	3,158
17 Travel				
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	7,010	1,051	4,908	1,051
23 Insurance	4,099		4,099	
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 COMMUNITY LEADERSHIP PROG	41,835	41,835		
b BRASEWELL	14,339			14,339
c DONOR DEVELOPMENT	6,680			6,680
d ADVISOR LUNCHEON	6,366	4,456		1,910
e All other expenses	32,644	17,334	9,260	6,050
25 Total functional expenses. Add lines 1 through 24e	3,573,055	3,215,339	254,455	103,261
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck 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		1	
	2 Savings and temporary cash investments	550,324	2	688,977
	3 Pledges and grants receivable, net	10,005	3	5,537
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 70,354		
	b Less: accumulated depreciation	10b 46,885	10c 23,469	
	11 Investments—publicly traded securities	50,294,746	11	55,355,382
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	50,870,554	16	56,073,365	
Liabilities	17 Accounts payable and accrued expenses	642	17	3,205
	18 Grants payable	97,292	18	132,003
	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	1,494,392	25	1,774,234
	26 Total liabilities. Add lines 17 through 25	1,592,326	26	1,909,442
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		49,153,515	27	53,999,414
28 Net assets with donor restrictions		124,713	28	164,509
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		49,278,228	32	54,163,923
33 Total liabilities and net assets/fund balances	50,870,554	33	56,073,365	

Part XI Reconciliation of Net AssetsCheck 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	4,960,095
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,573,055
3	Revenue less expenses. Subtract line 2 from line 1	3	1,387,040
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,278,228
5	Net unrealized gains (losses) on investments	5	3,498,655
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	54,163,923

Part XII Financial Statements and ReportingCheck 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) ANDRE PINEDA										
(12) BOARD MEMBER	1.00 0.00	X						0	0	0
(21) ADDISON POCK										
(13) BOARD MEMBER	1.00 0.00	X						0	0	0
(22) REGGIE SAMUEL										
(14) BOARD MEMBER	1.00 0.00	X						0	0	0
(23) KRISTIN SHIELDS										
(15) BOARD MEMBER	1.00 0.00	X						0	0	0
(24) W. ANDREW WITHERS										
(16) BOARD MEMBER	1.00 0.00	X						0	0	0
(25) KIMBERLY YOUNG										
(17) BOARD MEMBER	1.00 0.00	X						0	0	0
(26) TERI MCNALLY										
(18) CHIEF EXEC OFFICER	55.00 0.00	X		X				162,870	0	15,117
(19)										
1b Subtotal								162,870		15,117
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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>		
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>		
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>		

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.

Employer identification number

54-1843987

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,517,649	15,986,349	8,915,284	2,549,689	2,213,784	32,182,755
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	2,517,649	15,986,349	8,915,284	2,549,689	2,213,784	32,182,755
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)						19,509,118
6 Public support. Subtract line 5 from line 4						12,673,637

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	2,517,649	15,986,349	8,915,284	2,549,689	2,213,784	32,182,755
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	613,461	797,718	1,586,799	1,251,483	1,471,863	5,721,324
9 Net income from unrelated business activities, whether or not the business is regularly carried on				80,458	119,740	200,198
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						38,104,277
12 Gross receipts from related activities, etc. (see instructions)					12	9,575

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 2023 (line 6, column (f) divided by line 11, column (f))	14	33.26 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	33.55 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2023. 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 — 2022. 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 on 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 box 12a or 12b in Part I, answer lines 4b and 4c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
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>		
1		
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>		
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?		
1		
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>		
2		
3 By reason of the relationship described on 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>		
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 (<i>see instructions</i>).			
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
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>			
2a			
b Did the activities described on 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>			
2b			
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>			
3a			
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>			
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 (<i>explain in detail in Part VI</i>):		
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).

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

**COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987

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 foundation

Check 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.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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

Schedule B (Form 990) (2023)

Name of organization

COMMUNITY FOUNDATION OF THE

Employer identification number

54-1843987

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		\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 58,692	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 66,541	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 354,752	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 109,499	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 201,220	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY FOUNDATION OF THE

Employer identification number

54-1843987

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		\$ 119,505	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 53,171	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 110,068	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 102,189	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 85,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY FOUNDATION OF THE

Employer identification number

54-1843987

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
13		\$ 200,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 50,000	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.)
		\$	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.)
		\$	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.)

Name of organization

COMMUNITY FOUNDATION OF THE

Employer identification number

54-1843987

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLICLY TRADED SECURITIES	\$ 58,442	
3	PUBLICLY TRADED SECURITIES	\$ 66,321	
5	PUBLICLY TRADED SECURITIES	\$ 109,499	
8	PUBLICLY TRADED SECURITY	\$ 1,071	
9	PUBLICLY TRADED SECURITIES	\$ 98,808	
10	PUBLICLY TRADED SECURITIES	\$ 102,189	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	75	
2 Aggregate value of contributions to (during year)	777,980	
3 Aggregate value of grants from (during year)	1,285,012	
4 Aggregate value at end of year	16,687,576	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

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

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	32,091,552	28,883,799	32,823,304	14,370,348	14,397,112
b Contributions	637,933	1,310,068	1,827,714	13,816,889	522,481
c Net investment earnings, gains, and losses	4,024,375	3,345,135	-4,444,064	5,390,192	135,791
d Grants or scholarships	1,290,112	1,182,862	1,068,516	588,953	549,048
e Other expenditures for facilities and programs					
f Administrative expenses	278,339	264,588	254,639	165,171	135,988
g End of year balance	35,185,409	32,091,552	28,883,799	32,823,304	14,370,348

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

- a** Board designated or quasi-endowment **99.68 %**
b Permanent endowment **0.32 %**
c Term endowment _____ %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations?		X
(ii) Related organizations?		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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		70,354	46,885	23,469
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				23,469

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, line 12, col. (B))		

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	AGENCY FUNDS PAYABLE	1,774,234
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		1,774,234

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	8,241,163
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,498,655
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,498,655
3	Subtract line 2e from line 1	3	4,742,508
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	258,676
b	Other (Describe in Part XIII.)	4b	-41,089
c	Add lines 4a and 4b	4c	217,587
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,960,095

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	3,355,468
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	41,089
e	Add lines 2a through 2d	2e	41,089
3	Subtract line 2e from line 1	3	3,314,379
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	258,676
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	258,676
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,573,055

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**PART X, LINE 2: THE FOUNDATION ADOPTED THE PROVISIONS OF ACCOUNTING****STANDARDS REGARDING UNCERTAINTY IN INCOME TAX POSITIONS, HOWEVER,****MANAGEMENT DOES NOT BELIEVE IT IS EXPOSED TO ANY SUCH POSITIONS AS THEY ARE****DEFINED IN THE ACCOUNTING STANDARDS. THE FOUNDATION FILES IRS FORM 990,****RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, ANNUALLY. SUCH TAX RETURNS****FOR 2021, 2022, AND 2023 REMAIN OPEN TO POTENTIAL EXAMINATION BY THE IRS.****PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER****EVENT EXPENSES** \$ **-41,089****PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

Part XIII Supplemental Information *(continued)*

EVENT EXPENSES	\$	41,089
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SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.

Employer identification number

54-1843987

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations e ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations f ☐ Solicitation of government grants
c ☐ Phone solicitations g ☐ Special fundraising events
d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		RING IN HOLIDAY		NONE	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	161,829			161,829
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	161,829			161,829
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,570			8,570
	7 Food and beverages	19,389			19,389
	8 Entertainment	1,500			1,500
	9 Other direct expenses	11,630			11,630
	10 Direct expense summary. Add lines 4 through 9 in column (d)				41,089
	11 Net income summary. Subtract line 10 from line 3, column (d)				120,740

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name

Address

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter name and address of the third party: _____

Name

Address

- 16** Gaming manager information:

Name

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	4-H SAN JUAN COUNTY 221 WEBER WAY, SUITE LL FRIDAY HARBOR WA 98250	91-6001108	501C3	10,000				ENHANCE EDUCATION
(2)	ALZHEIMER'S ASSOCIATION 4600 COX ROAD, STE 130 GLEN ALLEN VA 23060		501C3	7,700				WALK TO END ALZHEIME
(3)	AMERICAN RED CROSS - RAPPAHANNOCK PO BOX 248 FREDERICKSBURG VA 22404	53-0196605	501C3	7,500				DISASTER SVCS PGM
(4)	ANIMAL PROTECTION SOCIETY-FRIDAY P.O. BOX 1355 FRIDAY HARBOR WA 98250	91-1717047	501C3	10,000				TRAINING CENTER
(5)	ARTSLIVE! PO BOX 7816 FREDERICKSBURG VA 22404	54-1550070	501C3	8,500				ARTS, CULTURE
(6)	BIG BROTHERS BIG SISTERS GREATER 325A WALLACE STREET FREDERICKSBURG VA 22401	54-0848850	501C3	17,227				GENERAL OPERATING
(7)	BRIDGEWATER COLLEGE 402 EAST COLLEGE AVENUE BRIDGEWATER VA 22812			86,600				GENERAL OPERATING
(8)	CAMP KOREY 24880 BROTHERHOOD ROAD MT VERNON WA 98274	20-3829742	501C3	10,000				SKID STEER LOADER
(9)	CENTER FOR AFRICAN AMERICAN P.O. BOX 4114 FREDERICKSBURG VA 22404	55-0865848	501C3	6,975				THE LIBERTY LINE

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

98

3 Enter total number of other organizations listed in the line 1 table

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CENTRAL RAPPAHANNOCK REGIONAL 125 OLDE GREENWICH DR SUITE 160 FREDERICKSBURG VA 22408	23-7304207	501C3	15,000				EXPAND SERVICES
(2)	CHANCELLOR BAPTIST CHURCH 11324 GORDON ROAD FREDERICKSBURG VA 22407			30,000				THE ENVISION FUND
(3)	CITADEL FOUNDATION 171 MOULTRIE STREET CHARLESTON SC 29409	57-6020493	501C3	19,355				KNOB LEADER COURSE
(4)	CITADEL FOUNDATION 171 MOULTRIE STREET CHARLESTON SC 29409	57-6020493	501C3	20,000				STADIUM ENHANCEMENT
(5)	DAHLGREN HERITAGE FOUNDATION PO BOX 816 DAHLGREN VA 22448	27-3660207	501C3	19,000				MUSEUM EXPANSION
(6)	DOWNTOWN GREENS INC 206 CHARLES STREET FREDERICKSBURG VA 22401	54-1853889	501C3	6,000				GENERAL OPERATING
(7)	EMPOWERHOUSE P.O. BOX 1007 FREDERICKSBURG VA 22402	52-1142547	501C3	24,033				GENERAL OPERATING
(8)	FAILSAFE ERA 7124 SALEM FIELDS BLVD, PMB 111 FREDERICKSBURG VA 22407	80-0463814	501C3	20,992				GENERAL OPERATING
(9)	FAIRY GODMOTHER PROJECT 602 WILLIAM ST SUITE 2B FREDERICKSBURG VA 22401	45-4299835	501C3	9,000				GENERAL OPERATING

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FREDERICKSBURG ACADEMY 10800 ACADEMY DR FREDERICKSBURG VA 22408	54-1568499	501C3	7,000				GENERAL OPERATING
(2)	FREDERICKSBURG ACADEMY 10800 ACADEMY DR FREDERICKSBURG VA 22408	54-1568499	501C3	96,643				SCHOLARSHIPS
(3)	FREDERICKSBURG AREA HEALTH & 4701 MARKET STREET, SUITE B FREDERICKSBURG VA 22408	54-1644116	501C3	8,000				GENERAL OPERATING
(4)	FREDERICKSBURG AREA MUSEUM PO BOX 922 FREDERICKSBURG VA 22404	54-1395291	501C3	11,832				GENERAL OPERATING
(5)	FREDERICKSBURG AREA MUSEUM PO BOX 922 FREDERICKSBURG VA 22404	54-1395291	501C3	10,000				EXHIBIT COSTS
(6)	FREDERICKSBURG AREA MUSEUM PO BOX 922 FREDERICKSBURG VA 22404	54-1395291	501C3	15,000				LGBTQ FXBG INSIDE &
(7)	FREDERICKSBURG BAPTIST CHURCH 1019 PRINCESS ANNE STREET FREDERICKSBURG VA 22401	30-0523302	501C3	20,000				THE HESED FUND
(8)	FREDERICKSBURG BAPTIST CHURCH 1019 PRINCESS ANNE STREET FREDERICKSBURG VA 22401	30-0523302	501C3	10,000				MINISTRY BUDGET
(9)	FREDERICKSBURG BAPTIST CHURCH 1019 PRINCESS ANNE STREET FREDERICKSBURG VA 22401	30-0523302	501C3	10,000				BENEVOLENCE FUND

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FREDERICKSBURG BAPTIST CHURCH 1019 PRINCESS ANNE STREET FREDERICKSBURG VA 22401	30-0523302	501C3	60,000				GENERAL OPERATING
(2)	FREDERICKSBURG BAPTIST CHURCH 1019 PRINCESS ANNE STREET FREDERICKSBURG VA 22401	30-0523302	501C3	40,000				REFUGEE HOUSING
(3)	FREDERICKSBURG CHRISTIAN HEALTH CTR 1129 HEATHERSTONE DRIVE FREDERICKSBURG VA 22407	54-2061482	501C3	20,000				UNDERSERVED PROGRAM
(4)	FREDERICKSBURG CHRISTIAN HEALTH CTR 1129 HEATHERSTONE DRIVE FREDERICKSBURG VA 22407	54-2061482	501C3	20,000				BEHAVIOR HEALTH
(5)	FREDERICKSBURG PARKS AND RECREATION 408 CANAL STREET FREDERICKSBURG VA 22401		GOV	46,374				CY23 POOL SEASON
(6)	FREDERICKSBURG PRESBYTERIAN CHURCH 810 PRINCESS ANNA STREET FREDERICKSBURG VA 22401			7,000				GENERAL FUND
(7)	FREDERICKSBURG REGIONAL FOOD BANK PO BOX 1006 FREDERICKSBURG VA 22402	54-1255013	501C3	9,000				GENERAL OPERATING
(8)	FREDERICKSBURG REGIONAL FOOD BANK PO BOX 1006 FREDERICKSBURG VA 22402	54-1255013	501C3	60,000				HEALTHY EATING RESEA
(9)	FREDERICKSBURG REGIONAL SPCA 10819 COURTHOUSE ROAD FREDERICKSBURG VA 22408	54-0648185	501C3	24,254				ANIMAL CARE

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

DAA

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987**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
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(1)	FREDERICKSBURG REGIONAL SPCA 10819 COURTHOUSE ROAD FREDERICKSBURG VA 22408	54-0648185	501C3	20,000				FUR BALL SPONSORSHIP
(2)	FREDERICKSBURG SYMPHONY ORCHESTRA P.O. BOX 1460 FREDERICKSBURG VA 22402	37-2006304	501C3	6,500				GENERAL OPERATING
(3)	FRIDAY HARBOR FOOD BANK PO BOX 1642 FRIDAY HARBOR WA 98250	91-1197629	501C3	15,000				FRESH PRODUCE PGM
(4)	FRIENDS OF THE DAHLGREN RAILROAD P.O. BOX 53 DAHLGREN VA 22448	80-0962887	501C3	7,500				PAVE PARKING AREA
(5)	FRIENDS OF THE RAPPAHANNOCK 3219 FALL HILL AVENUE FREDERICKSBURG VA 22401	54-1381671	501C3	10,000				OUTREACH COORDINATOR
(6)	FRIENDS OF THE RAPPAHANNOCK 3219 FALL HILL AVENUE FREDERICKSBURG VA 22401	54-1381671	501C3	12,515				GENERAL OPERATING
(7)	GREATER F'BURG HABITAT FOR HUMANITY - PO BOX 8265 FREDERICKSBURG VA 22404	54-1737851	501C3	12,711				GENERAL OPERATING
(8)	HAZELWILD FARM EDUCATION FOUNDATION 5325 HARRISON ROAD FREDERICKSBURG VA 22407	52-1311337	501C3	20,000				ROOF & FENCE REPAIR
(9)	HEALTHY GENERATIONS AREA AGENCY 460 LENDALL LANE FREDERICKSBURG VA 22405	54-1027651	501C3	22,404				GENERAL OPERATING

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE
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Employer identification number

54-1843987**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
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(1)	HOLY CROSS ACADEMY 250 STAFFORD LAKES PARKWAY FREDERICKSBURG VA 22406	54-1889183	501C3	14,001				SCHOLARSHIPS
(2)	HUMAN KINDNESS FOUNDATION PO BOX 61619 DURHAM NC 27715	56-1558751	501C3	45,828				CLOSE FUND
(3)	KIWANUS CLUB OF FRIDAY HARBOR P.O. BOX 814 FRIDAY HARBOR WA 98250	91-1350062	501C4	18,000				PIG WAR PICNIC
(4)	LEGAL AID WORKS 500 LAFAYETTE BLVD, SUITE 100 FREDERICKSBURG VA 22401	23-7362601	501C3	8,000				GENERAL/HESED FUND
(5)	LEGAL AID WORKS 500 LAFAYETTE BLVD, SUITE 100 FREDERICKSBURG VA 22401	23-7362601	501C3	20,000				MISSION SUPPORT
(6)	LLOYD F MOSS FREE CLINIC 1301 SAM PERRY BLVD SUITE 100 FREDERICKSBURG VA 22401	54-1677934	501C3	42,000				GENERAL OPERATING
(7)	LOISANN'S HOPE HOUSE 902 LAFAYETTE BOULEVARD FREDERICKSBURG VA 22401	52-1419314	501C3	33,800				GENERAL OPERATING
(8)	LOISANN'S HOPE HOUSE 902 LAFAYETTE BOULEVARD FREDERICKSBURG VA 22401	52-1419314	501C3	50,000				HOPE DIVERSION PGM
(9)	LOVE THY NEIGHBOR COMMUNITY FOOD PO BOX 16 KING GEORGE VA 22485	47-3194275	501C3	15,500				EMPLOYEE & GENERAL

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Schedule I (Form 990) 2023

DAA

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987**Part I General Information on Grants and Assistance**

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(1)	LUCHA MINISTRIES INC PO BOX 8239 FREDERICKSBURG VA 22404	20-2953751	501C3	6,000				GENERAL SUPPORT
(2)	MEDICAL TEAMS INTERNATIONAL 14150 SW MILTON CT TIGARD OR 97224	93-0878944	501C3	20,000				MOBILE HEALTH CLINIC
(3)	MENTAL HEALTH AMERICA OF F'BURG 618 KENMORE AVENUE, SUITE 2A FREDERICKSBURG VA 22401	54-0678704	501C3	7,853				GENERAL OPERATING
(4)	MICAH ECUMENICAL MINISTRIES PO BOX 3277 FREDERICKSBURG VA 22402	20-4044884	501C3	20,000				RESIDENTIAL RECOVERY
(5)	MICAH ECUMENICAL MINISTRIES PO BOX 3277 FREDERICKSBURG VA 22402	20-4044884	501C3	45,091				GENERAL OPERATING
(6)	MICAH ECUMENICAL MINISTRIES PO BOX 3277 FREDERICKSBURG VA 22402	20-4044884	501C3	10,000				THE HESED FUND
(7)	MIDLAND CHRISTIAN ACADEMY 10456 OLD CAROLINA ROAD MIDLAND VA 22728	27-3486587	501C3	25,000				GENERAL OPERATING
(8)	NORTHERN VIRGINIA CONSERVATION TRUS 4022-A HUMMER ROAD ANNANDALE VA 22003	54-1724626	501C3	9,750				CROW'S NEST CAMPAIGN
(9)	RAPPAHANNOCK AREA OFFICE ON YOUTH 12000 KENNEDY LANE SUITE 100 FREDERICKSBURG VA 22407		GOV	12,700				YOUTH ACTIVITY FIELD

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Schedule I (Form 990) 2023

DAA

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

2023

**Open to Public
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Name of the organization

**COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987

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(1)	RAPPAHANNOCK AREA OFFICE ON YOUTH 12000 KENNEDY LANE SUITE 100 FREDERICKSBURG VA 22407		GOV	15,000				KEEP OUR KIDS SAFE
(2)	RAPPAHANNOCK AREA YMCA 212 BULTER ROAD FREDERICKSBURG VA 22405	54-0965826	501C3	18,768				GENERAL OPERATING
(3)	RAPPAHANNOCK AREA YMCA 212 BULTER ROAD FREDERICKSBURG VA 22405	54-0965826	501C3	20,000				2023 OPEN DOORS PGM
(4)	RAPPAHANNOCK CASA INC 509 C LAFAYETTE BOULAVARD FREDERICKSBURG VA 22408	54-1600702	501C3	10,000				FULL-TIME CASE MGR
(5)	RAPPAHANNOCK CASA INC 509 C LAFAYETTE BOULAVARD FREDERICKSBURG VA 22408	54-1600702	501C3	7,000				RESOURCE GUIDE TEENS
(6)	RAPPAHANNOCK EMERGENCY MEDICAL 435 HUNTER STREET FREDERICKSBURG VA 22401	54-1038962	501C3	10,000				EMERGENCY PREPAREDNE
(7)	RAPPAHANNOCK UNITED WAY 3310 SHANNON PARK DRIVE FREDERICKSBURG VA 22408	54-6042936	501C3	9,341				GENERAL, RENT/MTG
(8)	RIVERSIDE FOUNDATION FOR PERFORMING 95 RIVERSIDE PARKWAY FREDERICKSBURG VA 22406	20-4771872	501C3	7,500				2024 YOUTH SUMMER CA
(9)	S.E.R.V.E., INC. P.O. BOX 1357 STAFFORD VA 22555	54-1289683	501C3	8,000				GENERAL OPERATING

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987

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(1)	S.E.R.V.E., INC. P.O. BOX 1357 STAFFORD VA 22555	54-1289683	501C3	5,480				HEALTH/ WELLNESS PGM
(2)	SAFE HARBOR CHILD ADVOCACY CENTER PO BOX 56 FREDERICKSBURG VA 22404	26-1563081	501C3	20,000				FORENSIC SVC PROGRAM
(3)	SAFE HARBOR CHILD ADVOCACY CENTER PO BOX 56 FREDERICKSBURG VA 22404		501C3	12,000				GENERAL OPERATING
(4)	SAFE SAN JUANS PO BOX 3175 FRIDAY HARBOR WA 98250	91-1212454	501C3	24,000				MENTAL HEALTH COUNSE
(5)	SAN JUAN HISTORICAL MUSEUM 323 AND 405 PRICE ST FRIDAY HARBOR WA 98250	23-7022221	501C3	20,000				FISHING EXHIBIT
(6)	SAN JUAN ISLAND FAMILY RESOURCE CTR P.O. BOX 1981 FRIDAY HARBOR WA 98250	91-2014083	501C3	25,000				DISABILITY SUPPORT
(7)	SAN JUAN ISLANDS AGRICULTURAL GUILD PO BOX 1945 FRIDAY HARBOR WA 98250	26-2167336	501C3	50,000				SUNSHINE PLAZA STAGE
(8)	SAN JUAN ISLANDS MUSEUM OF ART P.O. BOX 339 FRIDAY HARBOR WA 98250	91-1394847	501C3	15,000				2024 EXHIBITIONS
(9)	SERVANTS AT WORK INC PO BOX 41208 FREDERICKSBURG VA 22404	45-3825509	501C3	9,000				GENERAL OPERATING

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2023

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Name of the organization

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Employer identification number

54-1843987

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(1)	ST CHRISTOPHER'S SCHOOL FOUNDATION 711 ST CHRISTOPHERS ROAD RICHMOND VA 23226	54-1727301	501C3	25,000				LIBRARY CAPITAL PROJ
(2)	ST GEORGE'S EPISCOPAL CHURCH 905 PRINCESS ANNE STREET FREDERICKSBURG VA 22401	54-0700466	501C3	35,500				THE TABLE
(3)	ST MARY OF THE ANNUNCIATION PO BOX 396 LADYSMITH VA 22501	54-1289875		15,000				OLIVER CEMETERY PROJ
(4)	STAFFORD COUNTY ECONOMIC AUTHORITY 1300 COURTHOUSE ROAD STAFFORD VA 22554		GOV	10,000				TREE LIGHTING EVENT
(5)	STAFFORD JUNCTION, INC 791 TRUSLOW ROAD FREDERICKSBURG VA 22406	20-3036072	501C3	8,000				GENERAL PGM SUPPORT
(6)	STEP VA INC P.O. BOX 42154 FREDERICKSBURG VA 22404	46-3919345	501C3	10,000				GENERAL SUPPORT
(7)	STEP VA INC P.O. BOX 42154 FREDERICKSBURG VA 22404	46-3919345	501C3	10,185				SP MUSICAL & CHORUS
(8)	THE 516 PROJECT, INC. 10908 COURTHOUSE ROAD SUITEB102148 FREDERICKSBURG VA 22408	81-1634337	501C3	25,700				GENERAL OPERATING
(9)	THE 516 PROJECT, INC. 10908 COURTHOUSE ROAD SUITEB102148 FREDERICKSBURG VA 22408	81-1634337	501C3	11,266				CRITICAL HOME REPAIR

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Schedule I (Form 990) 2023

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(1)	THE CITADEL BRIGADIER FOUNDATION 171 MOULTRIE STREET CHARLESTON SC 29409	57-6028468	501C3	16,000				BRIGADIER CLUB
(2)	THE GEORGE WASHINGTON FOUNDATION 1201 WASHINGTON AVENUE FREDERICKSBURG VA 22401	54-0525507	501C3	21,715				GENERAL OPERATING
(3)	THE GEORGE WASHINGTON FOUNDATION 1201 WASHINGTON AVENUE FREDERICKSBURG VA 22401	54-0525507	501C3	7,000				APOLLO COUNCIL
(4)	THE OBERLE ACADEMY PO BOX 801 FREDERICKSBURG VA 22404	54-1566468	501C3	11,000				HORTICULTURE PGM
(5)	THE SALVATION ARMY OF FREDERICKSBURG 2012 LAFAYETTE BOULEVARD FREDERICKSBURG VA 22401	58-0660607	501C3	25,000				GENERAL OPERATING
(6)	THURMAN BRISBEN HOMELESS SHELTER P.O. BOX 1295 FREDERICKSBURG VA 22402	54-1647219	501C3	16,064				GENERAL OPERATING
(7)	VIRGINIA COMMUNITY FOOD CONNECTIONS PO BOX 7664 FREDERICKSBURG VA 22406	81-1346510	501C3	10,000				RURAL FRESH FOOD
(8)	WARRIOR RUN COMMUNITY EDUCATION 4800 SUSQUEHANNA TRAIL TURBOTVILLE PA 17772	81-1202605	501C3	10,000				LIBRARY FUND
(9)	WARRIOR RUN COMMUNITY EDUCATION 4800 SUSQUEHANNA TRAIL TURBOTVILLE PA 17772	81-1202605	501C3	50,000				BASEBALL FIELD

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Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2023

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Name of the organization **COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.** Employer identification number
54-1843987

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(1)	WASHINGTON HERITAGE MUSEUMS 1300 CHARLES STREET FREDERICKSBURG VA 22401	46-0803504	501C3	21,750				PRESERVATION PROJECT
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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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 UNDERGRADUATE SCHOLARSHIP	51	218,592			
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.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2: GRANT RECIPIENTS ARE REQUESTED TO SUBMIT A

REPORT ON HOW THE FUNDS WERE SPENT IN REACHING THEIR GOALS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

**COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TERI MCNALLY CHIEF EXEC OFFICER	(i)	162,870	0	0	4,586	10,531	177,987	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2023**Open To Public
Inspection****RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	19	551,951	ESTABLISHED SECURITY MKT
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes No

--	--	--

30a		X
------------	--	----------

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

--	--	--

31	X	
-----------	----------	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

--	--	--

32a		X
------------	--	----------

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

--	--	--

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.**

Employer identification number

54-1843987

FORM 990 - ADDITIONAL INFORMATION

PART I, LINE 1, AND PART III, LINE 1, ORGANIZATION'S MISSION

CONTINUED.....THE FOUNDATION IS BUILDING A FLOURISHING PHILANTHROPIC

COMMUNITY IN THE RAPPAHANNOCK RIVER REGION AND BEYOND. STAFF, BOARD

MEMBERS AND VOLUNTEERS WORK TOGETHER TO CONVENE GENEROUS INDIVIDUALS,

FAMILIES AND BUSINESSES, AND ASSUME THE CHALLENGES FACED BY DONORS IN A

RESPONSIBLE AND KNOWLEDGEABLE MANNER. THE COMMUNITY FOUNDATION

DISTINGUISHES ITSELF BY PROVIDING EFFICIENT, EFFECTIVE AND ESSENTIAL

SERVICES TO BUILD A PERMANENT COLLECTION OF CHARITABLE FUNDS.

FORM 990, PART III - ADDITIONAL INFORMATION

PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONTINUED.....THE FUND'S FOUNDERS INTENDED TO PREPARE THE COMMUNITY

FOUNDATION TO RESPOND QUICKLY AND STRATEGICALLY TO ADDRESS CRITICAL

NEEDS IN OUR REGION.

THROUGH THE COMMUNITY FUND, THE FOUNDATION'S BOARD OF GOVERNORS PROVIDES

COORDINATION, COLLABORATION AND SUSTAINABLE INVESTMENT IN OUR REGIONAL

NONPROFIT ECOSYSTEM. WHEN DONORS CHOOSE TO GIVE TO THIS UNRESTRICTED

FUND, THE FOUNDATION CAN CONNECT FINANCIAL RESOURCES AND HUMAN CAPITAL

TO EFFECTIVE NONPROFITS AND COMMUNITY GROUPS ALREADY AT WORK.

PART III, LINE 4B, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONTINUED.....AS A COMMUNITY FOUNDATION WHOSE MISSION IS TO ENSURE A

VIBRANT AND HEALTHY COMMUNITY, OUR SCHOLARSHIPS PROGRAM IS AN ESSENTIAL

PART OF OUR SUCCESS. THE GENEROSITY OF OUR REGION AFFECTS THE LIVES OF

HUNDREDS OF LOCAL STUDENTS AND INSPIRES TOMORROW'S LEADERS. EACH PROGRAM

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

Schedule O (Form 990) 2023

Name of the organization

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COMMUNITY FOUNDATION OF THE

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CYCLE, STAFF RECEIVE HUNDREDS OF APPLICATIONS FROM AREA STUDENTS, RECRUIT AND TRAIN A COMMITTEE OF VOLUNTEER REVIEWERS AND AWARD SCHOLARSHIPS. THESE SCHOLARSHIP FUNDS, ESTABLISHED BY FAMILIES AND INDIVIDUALS, SUPPORT A WIDE VARIETY OF MAJORS, INTERESTS AND PASSIONS. ALL OUR SCHOLARSHIPS ARE AVAILABLE TO STUDENTS PURSUING HIGHER EDUCATION, INCLUDING THOSE ATTENDING 4-YEAR UNIVERSITIES, COMMUNITY COLLEGES AND VOCATIONAL SCHOOLS. EACH YEAR, MANY OF OUR SCHOLARSHIP RECIPIENTS ATTEND GERMANNA COMMUNITY COLLEGE, AS THEY WORK TOWARD THEIR GOALS AND BECOME OUR FUTURE NURSES, ENTREPRENEURS, TEACHERS, AND MORE.

ADDITIONALLY, THE COMMUNITY FOUNDATION IS AN APPROVED SCHOLARSHIP FOUNDATION THROUGH THE VIRGINIA DEPARTMENT OF EDUCATION'S EDUCATION IMPROVEMENT SCHOLARSHIPS TAX CREDITS (EISTC) PROGRAM. DONATED FUNDS SUPPORT SCHOLARSHIPS FOR ELIGIBLE PRE-KINDERGARTEN AND K-12 STUDENTS FROM LOW-INCOME HOUSEHOLDS, ACCESS INDEPENDENT SCHOOLS IN OUR AREA. ENSURE ACCESS TO AREA INDEPENDENT K-12 SCHOOLS FOR LOW-INCOME STUDENTS.

PART III, LINE 4C, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
CONTINUED.....IN SEPTEMBER 2022, THE COMMUNITY FOUNDATION LAUNCHED A SERIES OF WORKSHOPS, HOSTED AND PRESENTED BY THE CENTER FOR NONPROFIT EXCELLENCE. WITH THIS MULTI-MONTH SERIES OF NONPROFIT LEADERSHIP CLASSES, WE AIM TO EQUIP OUR REGION'S NONPROFIT LEADERS WITH THE LATEST PROFESSIONAL TRAINING BY INDUSTRY EXPERTS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

THE COMMUNITY FOUNDATION MAKES PERSONAL PHILANTHROPY FLEXIBLE, EASY AND EFFECTIVE. THE FOUNDATION CONVENES LOCAL LEADERS AND OFFERS SPECIALIZED SERVICES TO ENSURE CHARITABLE GIVING IS AS EFFECTIVE AS POSSIBLE. THE FOUNDATION PROVIDES GENEROUS PEOPLE WITH HIGH LEVEL STRATEGIC THINKING ON

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WAYS TO MEET COMMUNITY CHALLENGES. BY ENDOWING CONTRIBUTIONS FOR CHARITABLE PURPOSES, THE COMMUNITY FOUNDATION IS BUILDING A SIGNIFICANT, PERMANENT SOURCE OF SUPPORT FOR THE COMMUNITY NOW AND INTO THE FUTURE.

EXAMPLES OF CHARITABLE FUND IMPACT INCLUDE:

-THE FREDERICKSBURG SAVINGS CHARITABLE FUND SUPPORTS NONPROFITS WITH GENERAL OPERATING SUPPORT INCLUDING COMMUNITY DEVELOPMENT, HOUSING ASSISTANCE, SCHOLARSHIPS, LOCAL EDUCATION, MEDICAL FACILITIES, COMMUNITY GROUPS, CULTURAL ORGANIZATIONS AND OTHER SIMILAR TYPES OF ORGANIZATIONS AND CIVIC-MINDED PROJECTS THAT CONTRIBUTE TO THE QUALITY OF LIFE IN THE COUNTIES OF CAROLINE, KING GEORGE, SPOTSYLVANIA AND STAFFORD AND THE CITY OF FREDERICKSBURG.

-THE DUFF MCDUFF GREEN, JR. FUND SUPPORTS PROGRAMS IN THE REGION THAT: 1) PROMOTE RECREATION OPPORTUNITIES IN THE COMMUNITY, 2) BENEFIT OUR REGION'S YOUTH, AND 3) ADVANCE LOCAL HISTORIC/CULTURAL PRESERVATION.

-THE WOMEN AND GIRLS FUND INVOLVES WOMEN IN MAKING GRANTS THAT BENEFIT AREA WOMEN AND GIRLS IN NEED.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE AUDIT COMMITTEE AND THE FINANCE COMMITTEE REVIEWED THE TAX RETURN AND A COPY WAS MADE AVAILABLE TO BOARD MEMBERS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS ANNUALLY COMPLETE CONFLICT OF INTEREST FORMS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE COMMITTEE GATHERS DATA FROM OTHER NONPROFITS AND DATA FROM THE COUNCIL ON FOUNDATIONS.

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FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

EVENT EXPENSES \$ 41,089

EVENT EXPENSES \$ -41,089

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 2024**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2023**

Name of filer

**COMMUNITY FOUNDATION OF THE
RAPPAHANNOCK RIVER REGION, INC.**

EIN or SSN

54-1843987Name and title of officer or person subject to tax **TERI MCNALLY****CHIEF EXEC OFFICER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** 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**, **7b**, **8b**, **9b**, or **10b**, 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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>4,960,095</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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 entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **SCHEULEN, PATCHETT & EDWARDS, P.C.** to enter my PIN **22374** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 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 entity, I will enter my PIN as my signature on the tax year 2023 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 _____

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.**54497990206**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 _____ Date _____

ERO Must Retain This Form — See Instructions**Do Not Submit This Form to the IRS Unless Requested To Do So****For Privacy Act and Paperwork Reduction Act Notice, see back of form.**Form **8879-TE** (2023)

DAA