

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

**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](http://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>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><p align="center"><b>COMMUNITY FOUNDATION OF THE RAPPAHANNOCK RIVER REGION, INC.</b></p> Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><p><b>P.O. BOX 208</b></p> City or town, state or province, country, and ZIP or foreign postal code<br><p><b>FREDERICKSBURG VA 22401</b></p> | <b>D</b> Employer identification number<br><p align="center"><b>54-1843987</b></p> <b>E</b> Telephone number<br><p align="center"><b>540-373-9292</b></p> <b>G</b> Gross receipts\$ <b>20,847,681</b>   |
| <b>F</b> Name and address of principal officer:<br><p><b>TERI MCNALLY</b><br/><b>PO BOX 208</b><br/><b>FREDERICKSBURG VA 22401</b></p>   |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  | <b>H(c)</b> Group exemption number  |
| <b>J</b> Website: <b>WWW.CFRRR.ORG</b>   |  | <b>L</b> Year of formation: <b>1997</b>   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  | <b>M</b> State of legal domicile: <b>VA</b>   |

**Part I Summary**

|  |   |   |                                  |
|--|---|---|----------------------------------|
| <b>Activities &amp; Governance</b>   | 1 Briefly describe the organization's mission or most significant activities:   | <p align="center"><b>THE COMMUNITY FOUNDATION IS A DEVOTED ADVOCATE FOR THE VITALITY AND WELL-BEING OF THE RAPPAHANNOCK RIVER REGION. (CONTINUED IN SCHEDULE O)</b></p> |                                  |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |   |                                  |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>  | <b>26</b>                        |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>  | <b>25</b>                        |
|  | 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)  | <b>5</b>  | <b>7</b>                         |
|  | 6 Total number of volunteers (estimate if necessary)  | <b>6</b>  | <b>67</b>                        |
|  | 7a Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>   | <b>0</b>                         |
|  | 7b Net unrelated business taxable income from Form 990-T, Part I, line 11   | <b>7b</b>   | <b>0</b>                         |
| <b>Revenue</b>   | 8 Contributions and grants (Part VIII, line 1h)   | Prior Year<br><b>2,549,689</b>  | Current Year<br><b>2,213,784</b> |
|  | 9 Program service revenue (Part VIII, line 2g)  |   | <b>0</b>                         |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>431,271</b>  | <b>2,625,571</b>                 |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>81,458</b>   | <b>120,740</b>                   |
|  | 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>3,062,418</b>  | <b>4,960,095</b>                 |
|  | <b>Expenses</b>   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)   | <b>2,148,977</b>                 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                     |   |   | <b>0</b>                         |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) |   | <b>494,750</b>  | <b>590,725</b>                   |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                    |   |   | <b>0</b>                         |
| b Total fundraising expenses (Part IX, column (D), line 25)                          |   | <b>103,261</b>  |                                  |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      |   | <b>477,919</b>  | <b>530,091</b>                   |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | <b>3,121,646</b>  | <b>3,573,055</b>  |                                  |
| 19 Revenue less expenses. Subtract line 18 from line 12                              | <b>-59,228</b>  | <b>1,387,040</b>  |                                  |
| <b>Net Assets or Fund Balances</b>   | 20 Total assets (Part X, line 16)   | Beginning of Current Year<br><b>50,870,554</b>  | End of Year<br><b>56,073,365</b> |
|  | 21 Total liabilities (Part X, line 26)  | <b>1,592,326</b>  | <b>1,909,442</b>                 |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20   | <b>49,278,228</b>   | <b>54,163,923</b>                |

**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.

|   |   |                      |      |   |                  |
|---|---|----------------------|------|---|------------------|
| <b>Sign Here</b>                              | Signature of officer  | Date                 |      |   |                  |
|   | <p><b>TERI MCNALLY</b><br/>Type or print name and title</p> <p align="center"><b>CHIEF EXEC OFFICER</b></p> |                      |      |   |                  |
| <b>Paid Preparer Use Only</b>                 | Print/Type preparer's name  | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN             |
|   | <b>WILLIAM T. PATCHETT, JR.</b>   |                      |      |   | <b>P01264713</b> |
|   | Firm's name   | Firm's EIN           |      |   |                  |
| <b>SCHEULEN, PATCHETT &amp; EDWARDS, P.C.</b> |   | <b>54-1934818</b>    |      |   |                  |
| Firm's address                                |   | Phone no.            |      |   |                  |
| <b>98 ALEXANDRIA PIKE, SUITE 22</b>           |   | <b>540-347-1040</b>  |      |   |                  |
| <b>WARRENTON, VA 20186</b>                    |   |                      |      |   |                  |

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued) |  | Yes        | No       |          |          |
|---|--|------------|----------|----------|----------|
| <b>2a</b>   | 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  | <b>2a</b>  | <b>7</b> |          |          |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | <b>2b</b>  |          | <b>X</b> |          |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  |          |          | <b>X</b> |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | <b>3b</b>  |          |          |          |
| <b>4a</b>   | 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)? | <b>4a</b>  |          |          | <b>X</b> |
| <b>b</b>  | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |          |          |          |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  |          |          | <b>X</b> |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | <b>5b</b>  |          |          | <b>X</b> |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <b>5c</b>  |          |          |          |
| <b>6a</b>   | 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?                                    | <b>6a</b>  |          |          | <b>X</b> |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | <b>6b</b>  |          |          |          |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |          |          |          |
| <b>a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | <b>7a</b>  |          | <b>X</b> |          |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | <b>7b</b>  |          | <b>X</b> |          |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | <b>7c</b>  |          |          | <b>X</b> |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year  | <b>7d</b>  |          |          |          |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | <b>7e</b>  |          |          | <b>X</b> |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | <b>7f</b>  |          |          | <b>X</b> |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | <b>7g</b>  |          |          |          |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | <b>7h</b>  |          |          |          |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   |          |          | <b>X</b> |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |          |          |          |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966?   | <b>9a</b>  |          |          | <b>X</b> |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | <b>9b</b>  |          |          | <b>X</b> |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:   |            |          |          |          |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |          |          |          |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |          |          |          |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:  |            |          |          |          |
| <b>a</b>  | Gross income from members or shareholders  | <b>11a</b> |          |          |          |
| <b>b</b>  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  | <b>11b</b> |          |          |          |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |          |          |          |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |          |          |          |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |          |          |          |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |          |          |          |
| <b>b</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  | <b>13b</b> |          |          |          |
| <b>c</b>  | Enter the amount of reserves on hand   | <b>13c</b> |          |          |          |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> |          |          | <b>X</b> |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |          |          |          |
| <b>15</b>   | 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?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  |          |          | <b>X</b> |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  |          |          | <b>X</b> |
| <b>17</b>   | <b>Section 501(c)(21) organizations.</b> 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?<br>If "Yes," complete Form 6069.  | <b>17</b>  |          |          |          |

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 26, 1b, 25, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document retention.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review processes.

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.
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 Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) <b>PAUL GIAMBRA</b><br>.....<br><b>PRESIDENT</b>           | 3.00<br>.....<br>0.00  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (2) <b>SHARON SCHMIDT</b><br>.....<br><b>PRESIDENT-ELECT</b>   | 1.50<br>.....<br>0.00  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (3) <b>AMY E. MCCULLOUGH</b><br>.....<br><b>SECRETARY</b>      | 1.50<br>.....<br>0.00  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (4) <b>ANDREW GROSSNICKLE</b><br>.....<br><b>TREASURER</b>     | 3.00<br>.....<br>0.00  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (5) <b>STEPHANIE HANCHEY</b><br>.....<br><b>PAST PRESIDENT</b> | 1.00<br>.....<br>0.00  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (6) <b>BETH BLACK</b><br>.....<br><b>BOARD MEMBER</b>          | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) <b>BILL BOLDON</b><br>.....<br><b>BOARD MEMBER</b>         | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (8) <b>HARRY D. DICKINSON</b><br>.....<br><b>BOARD MEMBER</b>  | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) <b>ANGELA FREEMAN</b><br>.....<br><b>BOARD MEMBER</b>      | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) <b>JANET GULLICKSON</b><br>.....<br><b>BOARD MEMBER</b>   | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) <b>RANDALL O HARRIS</b><br>.....<br><b>BOARD MEMBER</b>   | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |                | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) <b>GAYLE HOCK</b>   |  |   |                       |         |              |                              |                |   |  |   |
| (12) <b>BOARD MEMBER</b>                                       | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (13) <b>STACY HORNE</b>  |  |   |                       |         |              |                              |                |   |  |   |
| (13) <b>BOARD MEMBER</b>                                       | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (14) <b>TYRONE A LOGAN</b>                                     |  |   |                       |         |              |                              |                |   |  |   |
| (14) <b>BOARD MEMBER</b>                                       | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (15) <b>BENJAMIN R. MAXWELL</b>                                |  |   |                       |         |              |                              |                |   |  |   |
| (15) <b>BOARD MEMBER</b>                                       | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (16) <b>CHRISSEY MCDERMOTT</b>                                 |  |   |                       |         |              |                              |                |   |  |   |
| (16) <b>BOARD MEMBER</b>                                       | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (17) <b>JENN MCGOVERN</b>                                      |  |   |                       |         |              |                              |                |   |  |   |
| (17) <b>BOARD MEMBER</b>                                       | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (18) <b>BROOKE MILLER</b>                                      |  |   |                       |         |              |                              |                |   |  |   |
| (18) <b>BOARD MEMBER</b>                                       | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (19) <b>STEVE NORAIR</b>                                       |  |   |                       |         |              |                              |                |   |  |   |
| (19) <b>BOARD MEMBER</b>                                       | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| <b>1b Subtotal</b>   |  |   |                       |         |              |                              |                |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              | <b>162,870</b> |   | <b>15,117</b>  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              | <b>162,870</b> |   | <b>15,117</b>  |   |

**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       |
|--|----------|----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |          | <b>X</b> |
| <b>4</b> 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> | <b>X</b> |          |
| <b>5</b> 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>                       |          | <b>X</b> |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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 Revenue**

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

|   |  |                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |                  |
|---|--|----------------|----------------------|--|--------------------------------------|---|------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>   | <b>1a</b> Federated campaigns  | <b>1a</b>      |                      |  |                                      |   |                  |
|   | <b>b</b> Membership dues   | <b>1b</b>      |                      |  |                                      |   |                  |
|   | <b>c</b> Fundraising events  | <b>1c</b>      |                      |  |                                      |   |                  |
|   | <b>d</b> Related organizations   | <b>1d</b>      |                      |  |                                      |   |                  |
|   | <b>e</b> Government grants (contributions)   | <b>1e</b>      |                      |  |                                      |   |                  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above | <b>1f</b>      | <b>2,213,784</b>     |  |                                      |   |                  |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f                                  | <b>1g</b>      | <b>\$ 551,951</b>    |  |                                      |   |                  |
|   | <b>h Total.</b> Add lines 1a-1f  |                | <b>2,213,784</b>     |  |                                      |   |                  |
| <b>Program Service<br/>Revenue</b>  |  |                | Business Code        |  |                                      |   |                  |
|   | <b>2a</b>  |                |                      |  |                                      |   |                  |
|   | <b>b</b>   |                |                      |  |                                      |   |                  |
|   | <b>c</b>   |                |                      |  |                                      |   |                  |
|   | <b>d</b>   |                |                      |  |                                      |   |                  |
|   | <b>e</b>   |                |                      |  |                                      |   |                  |
|   | <b>f</b> All other program service revenue   |                |                      |  |                                      |   |                  |
| <b>g Total.</b> Add lines 2a-2f   |  |                |                      |  |                                      |   |                  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts)   |                | <b>1,471,863</b>     |  |                                      | <b>1,471,863</b>  |                  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                                |                |                      |  |                                      |   |                  |
|   | <b>5</b> Royalties   |                |                      |  |                                      |   |                  |
|   | <b>6a</b> Gross rents  |                | (i) Real             |  |                                      |   |                  |
|   |  |                | (ii) Personal        |  |                                      |   |                  |
|   |  | <b>6a</b>      |                      |  |                                      |   |                  |
|   | <b>b</b> Less: rental expenses   | <b>6b</b>      |                      |  |                                      |   |                  |
|   | <b>c</b> Rental inc. or (loss)   | <b>6c</b>      |                      |  |                                      |   |                  |
|   | <b>d</b> Net rental income or (loss)   |                |                      |  |                                      |   |                  |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory                     |                | (i) Securities       | <b>17,000,205</b>                            |                                      |   |                  |
|   |  |                | (ii) Other           |  |                                      |   |                  |
|   |  | <b>7a</b>      |                      |  |                                      |   |                  |
|   | <b>b</b> Less: cost or other<br>basis and sales exps.                                      | <b>7b</b>      | <b>15,846,497</b>    |  |                                      |   |                  |
|   | <b>c</b> Gain or (loss)  | <b>7c</b>      | <b>1,153,708</b>     |  |                                      |   |                  |
|   | <b>d</b> Net gain or (loss)  |                |                      | <b>1,153,708</b>                             |                                      |   | <b>1,153,708</b> |
| <b>8a</b> Gross income from fundraising events<br>(not including \$<br>of contributions reported on line<br>1c). See Part IV, line 18 |  |                |                      |  |                                      |   |                  |
|   | <b>8a</b>  | <b>161,829</b> |                      |  |                                      |   |                  |
| <b>b</b> Less: direct expenses  | <b>8b</b>  | <b>41,089</b>  |                      |  |                                      |   |                  |
| <b>c</b> Net income or (loss) from fundraising events   |  |                | <b>120,740</b>       |  |                                      | <b>120,740</b>  |                  |
| <b>9a</b> Gross income from gaming<br>activities. See Part IV, line 19  |  |                |                      |  |                                      |   |                  |
|   | <b>9a</b>  |                |                      |  |                                      |   |                  |
| <b>b</b> Less: direct expenses  | <b>9b</b>  |                |                      |  |                                      |   |                  |
| <b>c</b> Net income or (loss) from gaming activities  |  |                |                      |  |                                      |   |                  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances   |  |                |                      |  |                                      |   |                  |
|   | <b>10a</b>   |                |                      |  |                                      |   |                  |
| <b>b</b> Less: cost of goods sold   | <b>10b</b>   |                |                      |  |                                      |   |                  |
| <b>c</b> Net income or (loss) from sales of inventory   |  |                |                      |  |                                      |   |                  |
| <b>Miscellaneous<br/>Revenue</b>  |  |                | Business Code        |  |                                      |   |                  |
|   | <b>11a</b>   |                |                      |  |                                      |   |                  |
|   | <b>b</b>   |                |                      |  |                                      |   |                  |
|   | <b>c</b>   |                |                      |  |                                      |   |                  |
|   | <b>d</b> All other revenue   |                |                      |  |                                      |   |                  |
| <b>e Total.</b> Add lines 11a-11d   |  |                |                      |  |                                      |   |                  |
| <b>12 Total revenue.</b> See instructions   |  |                | <b>4,960,095</b>     | <b>0</b>                                     | <b>0</b>                             | <b>2,746,311</b>  |                  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 2,233,647             | 2,233,647                       |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 218,592               | 218,592                         |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 162,870               | 107,657                         | 47,754                                 | 7,459                       |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 352,297               | 229,539                         | 92,398                                 | 30,360                      |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 8,975                 | 5,738                           | 2,485                                  | 752                         |
| <b>9</b> Other employee benefits   | 25,945                | 17,928                          | 6,546                                  | 1,471                       |
| <b>10</b> Payroll taxes  | 40,638                | 26,705                          | 10,668                                 | 3,265                       |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 2,660                 |                                 | 2,660                                  |                             |
| <b>c</b> Accounting  | 17,950                |                                 | 17,950                                 |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 7  |                       |                                 |  |                             |
| <b>f</b> Investment management fees  | 258,676               | 258,676                         |  |                             |
| <b>g</b> 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                                  |                             |
| <b>12</b> Advertising and promotion  |                       |                                 |  |                             |
| <b>13</b> Office expenses  | 39,054                | 19,542                          | 6,690                                  | 12,822                      |
| <b>14</b> Information technology   | 58,725                | 16,029                          | 28,752                                 | 13,944                      |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 21,050                | 3,158                           | 14,734                                 | 3,158                       |
| <b>17</b> Travel   |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   |                       |                                 |  |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 7,010                 | 1,051                           | 4,908                                  | 1,051                       |
| <b>23</b> Insurance  | 4,099                 |                                 | 4,099                                  |                             |
| <b>24</b> 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.)                                     |                       |                                 |  |                             |
| <b>a</b> <b>COMMUNITY LEADERSHIP PROG</b>  | 41,835                | 41,835                          |  |                             |
| <b>b</b> <b>BRASEWELL</b>  | 14,339                |                                 |  | 14,339                      |
| <b>c</b> <b>DONOR DEVELOPMENT</b>  | 6,680                 |                                 |  | 6,680                       |
| <b>d</b> <b>ADVISOR LUNCHEON</b>   | 6,366                 | 4,456                           |  | 1,910                       |
| <b>e</b> All other expenses  | 32,644                | 17,334                          | 9,260                                  | 6,050                       |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 3,573,055             | 3,215,339                       | 254,455                                | 103,261                     |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |                   | (B)<br>End of year       |
|---|--|--------------------------|-------------------|--------------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing   |                          | <b>1</b>          |                          |
|   | <b>2</b> Savings and temporary cash investments  | <b>550,324</b>           | <b>2</b>          | <b>688,977</b>           |
|   | <b>3</b> Pledges and grants receivable, net  | <b>10,005</b>            | <b>3</b>          | <b>5,537</b>             |
|   | <b>4</b> Accounts receivable, net  |                          | <b>4</b>          |                          |
|   | <b>5</b> 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 |                          | <b>5</b>          |                          |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                          | <b>6</b>          |                          |
|   | <b>7</b> Notes and loans receivable, net   |                          | <b>7</b>          |                          |
|   | <b>8</b> Inventories for sale or use   |                          | <b>8</b>          |                          |
|   | <b>9</b> Prepaid expenses and deferred charges   |                          | <b>9</b>          |                          |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> <b>70,354</b> |                   |                          |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> <b>46,885</b> | <b>15,479</b>     | <b>10c</b> <b>23,469</b> |
|   | <b>11</b> Investments—publicly traded securities   | <b>50,294,746</b>        | <b>11</b>         | <b>55,355,382</b>        |
|   | <b>12</b> Investments—other securities. See Part IV, line 11   |                          | <b>12</b>         |                          |
|   | <b>13</b> Investments—program-related. See Part IV, line 11  |                          | <b>13</b>         |                          |
|   | <b>14</b> Intangible assets  |                          | <b>14</b>         |                          |
|   | <b>15</b> Other assets. See Part IV, line 11   |                          | <b>15</b>         |                          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) | <b>50,870,554</b>  | <b>16</b>                | <b>56,073,365</b> |                          |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses  | <b>642</b>               | <b>17</b>         | <b>3,205</b>             |
|   | <b>18</b> Grants payable   | <b>97,292</b>            | <b>18</b>         | <b>132,003</b>           |
|   | <b>19</b> Deferred revenue   |                          | <b>19</b>         |                          |
|   | <b>20</b> Tax-exempt bond liabilities  |                          | <b>20</b>         |                          |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>         |                          |
|   | <b>22</b> 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     |                          | <b>22</b>         |                          |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties   |                          | <b>23</b>         |                          |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties   |                          | <b>24</b>         |                          |
|   | <b>25</b> 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  | <b>1,494,392</b>         | <b>25</b>         | <b>1,774,234</b>         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25   | <b>1,592,326</b>         | <b>26</b>         | <b>1,909,442</b>         |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |                   |                          |
|   | <b>27</b> Net assets without donor restrictions  | <b>49,153,515</b>        | <b>27</b>         | <b>53,999,414</b>        |
|   | <b>28</b> Net assets with donor restrictions   | <b>124,713</b>           | <b>28</b>         | <b>164,509</b>           |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |                   |                          |
|   | <b>29</b> Capital stock or trust principal, or current funds   |                          | <b>29</b>         |                          |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund   |                          | <b>30</b>         |                          |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>         |                          |
| <b>32</b> Total net assets or fund balances                         | <b>49,278,228</b>  | <b>32</b>                | <b>54,163,923</b> |                          |
| <b>33</b> Total liabilities and net assets/fund balances            | <b>50,870,554</b>  | <b>33</b>                | <b>56,073,365</b> |                          |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |                   |
|-----------|--|-----------|-------------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | <b>4,960,095</b>  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | <b>3,573,055</b>  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | <b>1,387,040</b>  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | <b>49,278,228</b> |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | <b>3,498,655</b>  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                   |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                   |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                   |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  |                   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | <b>54,163,923</b> |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes      | No       |
|-----------|---|----------|----------|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |          |          |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |          | <b>X</b> |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>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.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | <b>X</b> |          |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | <b>X</b> |          |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |          | <b>X</b> |
| <b>3b</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)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |                | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) <b>ANDRE PINEDA</b>                                       |  |   |                       |         |              |                              |                |   |  |   |
| (12) BOARD MEMBER  | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (21) <b>ADDISON POCK</b>                                       |  |   |                       |         |              |                              |                |   |  |   |
| (13) BOARD MEMBER  | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (22) <b>REGGIE SAMUEL</b>                                      |  |   |                       |         |              |                              |                |   |  |   |
| (14) BOARD MEMBER  | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (23) <b>KRISTIN SHIELDS</b>                                    |  |   |                       |         |              |                              |                |   |  |   |
| (15) BOARD MEMBER  | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (24) <b>W. ANDREW WITHERS</b>                                  |  |   |                       |         |              |                              |                |   |  |   |
| (16) BOARD MEMBER  | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (25) <b>KIMBERLY YOUNG</b>                                     |  |   |                       |         |              |                              |                |   |  |   |
| (17) BOARD MEMBER  | 1.00<br>0.00   | X   |                       |         |              |                              | 0              | 0   | 0  |   |
| (26) <b>TERI MCNALLY</b>                                       |  |   |                       |         |              |                              |                |   |  |   |
| (18) CHIEF EXEC OFFICER  | 55.00<br>0.00  | X   |                       | X       |              |                              | 162,870        | 0   | 15,117   |   |
| (19)   |  |   |                       |         |              |                              |                |   |  |   |
| <b>1b Subtotal</b>   |  |   |                       |         |              |                              | <b>162,870</b> |   | <b>15,117</b>  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |                |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |                |   |  |   |

**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 |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  | 3   |    |
| <b>4</b> 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> | 4   |    |
| <b>5</b> 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>                       | 5   |    |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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](http://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)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**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 <b>Total.</b> 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 <b>Public support.</b> 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 <b>Total support.</b> 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)) | <b>14</b> | 33.26% |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14                       | <b>15</b> | 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

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

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

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

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 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 |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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>  |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>b</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 |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>11a</b>   |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>11b</b>   |     |    |
| <b>c</b> 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>                              |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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> |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>2</b>  |     |    |
| <b>3</b> 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>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |
| <b>a</b> 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> |  |  |
| <b>2a</b>   |  |  |
| <b>b</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>  |  |  |
| <b>2b</b>   |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>  |  |  |
| <b>3a</b>   |  |  |
| <b>b</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>   |  |  |
| <b>3b</b>   |  |  |

**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<br>(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                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                                |

| Section B – Minimum Asset Amount |   | (A) Prior Year | (B) Current Year<br>(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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                                |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> 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—provide details in Part VI)   | 5            |
| 6 Other distributions (describe in Part VI). See instructions.   | 6            |
| 7 <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). 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)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>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—explain in Part VI). 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 <b>Total</b> 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, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2024.</b> 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 .....  |                             |  |   |



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

[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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).

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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          |                                   | \$ 70,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          |                                   | \$ 58,692                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 66,541                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 354,752                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 5          |                                   | \$ 109,499                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 6          |                                   | \$ 201,220                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 7          |                                   | \$ 119,505                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 8          |                                   | \$ 53,171                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          |                                   | \$ 110,068                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         |                                   | \$ 102,189                 | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 11         |                                   | \$ 50,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 12         |                                   | \$ 85,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         | .....<br>.....<br>.....           | \$ 200,000                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | .....<br>.....<br>.....           | \$ 50,000                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| .....      | .....<br>.....<br>.....           | \$ .....                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(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.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

**Part V Endowment Funds**

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 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? |     | <b>X</b> |
| (ii) Related organizations?  |     | <b>X</b> |
- 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   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | <b>23,469</b>  |

**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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>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)   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (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) <b>AGENCY FUNDS PAYABLE</b>   | <b>1,774,234</b> |
| (3)   |                  |
| (4)   |                  |
| (5)   |                  |
| (6)   |                  |
| (7)   |                  |
| (8)   |                  |
| (9)   |                  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | <b>1,774,234</b> |

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

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

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

|          |  |           |                  |
|----------|--|-----------|------------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | <b>8,241,163</b> |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |                  |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | <b>3,498,655</b> |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |                  |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |                  |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |                  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | <b>3,498,655</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | <b>4,742,508</b> |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |                  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | <b>258,676</b>   |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | <b>-41,089</b>   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | <b>217,587</b>   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | <b>4,960,095</b> |

**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.

|          |   |           |                  |
|----------|---|-----------|------------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | <b>3,355,468</b> |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |                  |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |                  |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |                  |
| <b>c</b> | Other losses  | <b>2c</b> |                  |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | <b>41,089</b>    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | <b>41,089</b>    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | <b>3,314,379</b> |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |                  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | <b>258,676</b>   |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |                  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | <b>258,676</b>   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | <b>3,573,055</b> |

**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**

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://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 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
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**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  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

**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.

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

**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)) |
|-----------------|---|--|--|--|--|
|                 |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Revenue         | <b>1</b> Gross revenue  |  |  |  |  |
| Direct Expenses | <b>2</b> Cash prizes  |  |  |  |  |
|                 | <b>3</b> Noncash prizes   |  |  |  |  |
|                 | <b>4</b> Rent/facility costs  |  |  |  |  |
|                 | <b>5</b> Other direct expenses  |  |  |  |  |
|                 | <b>6</b> 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 |  |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)        |  |  |  |  |
|                 | <b>8</b> 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: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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<br>221 WEBER WAY, SUITE LL<br>FRIDAY HARBOR WA 98250           | 91-6001108 | 501C3                           | 10,000                   |                                  |   |                                       | ENHANCE EDUCATION                  |
| (2) | ALZHEIMER'S ASSOCIATION<br>4600 COX ROAD, STE 130<br>GLEN ALLEN VA 23060           |            | 501C3                           | 7,700                    |                                  |   |                                       | WALK TO END ALZHEIME               |
| (3) | AMERICAN RED CROSS - RAPPAHANNOCK<br>PO BOX 248<br>FREDERICKSBURG VA 22404         | 53-0196605 | 501C3                           | 7,500                    |                                  |   |                                       | DISASTER SVCS PGM                  |
| (4) | ANIMAL PROTECTION SOCIETY-FRIDAY<br>P.O. BOX 1355<br>FRIDAY HARBOR WA 98250        | 91-1717047 | 501C3                           | 10,000                   |                                  |   |                                       | TRAINING CENTER                    |
| (5) | ARTSLIVE!<br>PO BOX 7816<br>FREDERICKSBURG VA 22404                                | 54-1550070 | 501C3                           | 8,500                    |                                  |   |                                       | ARTS, CULTURE                      |
| (6) | BIG BROTHERS BIG SISTERS GREATER<br>325A WALLACE STREET<br>FREDERICKSBURG VA 22401 | 54-0848850 | 501C3                           | 17,227                   |                                  |   |                                       | GENERAL OPERATING                  |
| (7) | BRIDGEWATER COLLEGE<br>402 EAST COLLEGE AVENUE<br>BRIDGEWATER VA 22812             |            |                                 | 86,600                   |                                  |   |                                       | GENERAL OPERATING                  |
| (8) | CAMP KOREY<br>24880 BROTHERHOOD ROAD<br>MT VERNON WA 98274                         | 20-3829742 | 501C3                           | 10,000                   |                                  |   |                                       | SKID STEER LOADER                  |
| (9) | CENTER FOR AFRICAN AMERICAN<br>P.O. BOX 4114<br>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)**

**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.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

|  |   |
|--|---|
| Name of the organization<br><b>COMMUNITY FOUNDATION OF THE<br/>RAPPAHANNOCK RIVER REGION, INC.</b> | Employer identification number<br><b>54-1843987</b> |
|--|---|

**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) | <b>CENTRAL RAPPAHANNOCK REGIONAL<br/>125 OLDE GREENWICH DR SUITE 160<br/>FREDERICKSBURG VA 22408</b> | <b>23-7304207</b> | <b>501C3</b>                    | <b>15,000</b>            |                                  |   |                                       | <b>EXPAND SERVICES</b>             |
| (2) | <b>CHANCELLOR BAPTIST CHURCH<br/>11324 GORDON ROAD<br/>FREDERICKSBURG VA 22407</b>                   |                   |                                 | <b>30,000</b>            |                                  |   |                                       | <b>THE ENVISION FUND</b>           |
| (3) | <b>CITADEL FOUNDATION<br/>171 MOULTRIE STREET<br/>CHARLESTON SC 29409</b>                            | <b>57-6020493</b> | <b>501C3</b>                    | <b>19,355</b>            |                                  |   |                                       | <b>KNOB LEADER COURSE</b>          |
| (4) | <b>CITADEL FOUNDATION<br/>171 MOULTRIE STREET<br/>CHARLESTON SC 29409</b>                            | <b>57-6020493</b> | <b>501C3</b>                    | <b>20,000</b>            |                                  |   |                                       | <b>STADIUM ENHANCEMENT</b>         |
| (5) | <b>DAHLGREN HERITAGE FOUNDATION<br/>PO BOX 816<br/>DAHLGREN VA 22448</b>                             | <b>27-3660207</b> | <b>501C3</b>                    | <b>19,000</b>            |                                  |   |                                       | <b>MUSEUM EXPANSION</b>            |
| (6) | <b>DOWNTOWN GREENS INC<br/>206 CHARLES STREET<br/>FREDERICKSBURG VA 22401</b>                        | <b>54-1853889</b> | <b>501C3</b>                    | <b>6,000</b>             |                                  |   |                                       | <b>GENERAL OPERATING</b>           |
| (7) | <b>EMPOWERHOUSE<br/>P.O. BOX 1007<br/>FREDERICKSBURG VA 22402</b>                                    | <b>52-1142547</b> | <b>501C3</b>                    | <b>24,033</b>            |                                  |   |                                       | <b>GENERAL OPERATING</b>           |
| (8) | <b>FAILSAFE ERA<br/>7124 SALEM FIELDS BLVD, PMB 111<br/>FREDERICKSBURG VA 22407</b>                  | <b>80-0463814</b> | <b>501C3</b>                    | <b>20,992</b>            |                                  |   |                                       | <b>GENERAL OPERATING</b>           |
| (9) | <b>FAIRY GODMOTHER PROJECT<br/>602 WILLIAM ST SUITE 2B<br/>FREDERICKSBURG VA 22401</b>               | <b>45-4299835</b> | <b>501C3</b>                    | <b>9,000</b>             |                                  |   |                                       | <b>GENERAL OPERATING</b>           |

- 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 .....

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
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OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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<br>10800 ACADEMY DR<br>FREDERICKSBURG VA 22408                  | 54-1568499 | 501C3                           | 7,000                    |                                  |   |                                       | GENERAL OPERATING                  |
| (2) | FREDERICKSBURG ACADEMY<br>10800 ACADEMY DR<br>FREDERICKSBURG VA 22408                  | 54-1568499 | 501C3                           | 96,643                   |                                  |   |                                       | SCHOLARSHIPS                       |
| (3) | FREDERICKSBURG AREA HEALTH &<br>4701 MARKET STREET, SUITE B<br>FREDERICKSBURG VA 22408 | 54-1644116 | 501C3                           | 8,000                    |                                  |   |                                       | GENRAL OPERATING                   |
| (4) | FREDERICKSBURG AREA MUSEUM<br>PO BOX 922<br>FREDERICKSBURG VA 22404                    | 54-1395291 | 501C3                           | 11,832                   |                                  |   |                                       | GENERAL OPERATING                  |
| (5) | FREDERICKSBURG AREA MUSEUM<br>PO BOX 922<br>FREDERICKSBURG VA 22404                    | 54-1395291 | 501C3                           | 10,000                   |                                  |   |                                       | EXHIBIT COSTS                      |
| (6) | FREDERICKSBURG AREA MUSEUM<br>PO BOX 922<br>FREDERICKSBURG VA 22404                    | 54-1395291 | 501C3                           | 15,000                   |                                  |   |                                       | LGBTQ FXBG INSIDE &                |
| (7) | FREDERICKSBURG BAPTIST CHURCH<br>1019 PRINCESS ANNE STREET<br>FREDERICKSBURG VA 22401  | 30-0523302 | 501C3                           | 20,000                   |                                  |   |                                       | THE HESED FUND                     |
| (8) | FREDERICKSBURG BAPTIST CHURCH<br>1019 PRINCESS ANNE STREET<br>FREDERICKSBURG VA 22401  | 30-0523302 | 501C3                           | 10,000                   |                                  |   |                                       | MINISTRY BUDGET                    |
| (9) | FREDERICKSBURG BAPTIST CHURCH<br>1019 PRINCESS ANNE STREET<br>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

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|  |   |
|--|---|
| Name of the organization<br><b>COMMUNITY FOUNDATION OF THE<br/>RAPPAHANNOCK RIVER REGION, INC.</b> | Employer identification number<br><b>54-1843987</b> |
|--|---|

**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 BAPTIST CHURCH<br>1019 PRINCESS ANNE STREET<br>FREDERICKSBURG VA 22401     | 30-0523302 | 501C3                           | 60,000                   |                                  |   |                                       | GENERAL OPERATING                  |
| (2) | FREDERICKSBURG BAPTIST CHURCH<br>1019 PRINCESS ANNE STREET<br>FREDERICKSBURG VA 22401     | 30-0523302 | 501C3                           | 40,000                   |                                  |   |                                       | REFUGEE HOUSING                    |
| (3) | FREDERICKSBURG CHRISTIAN HEALTH CTR<br>1129 HEATHERSTONE DRIVE<br>FREDERICKSBURG VA 22407 | 54-2061482 | 501C3                           | 20,000                   |                                  |   |                                       | UNDERSERVED PROGRAM                |
| (4) | FREDERICKSBURG CHRISTIAN HEALTH CTR<br>1129 HEATHERSTONE DRIVE<br>FREDERICKSBURG VA 22407 | 54-2061482 | 501C3                           | 20,000                   |                                  |   |                                       | BEHAVIOR HEALTH                    |
| (5) | FREDERICKSBURG PARKS AND RECREATION<br>408 CANAL STREET<br>FREDERICKSBURG VA 22401        |            | GOV                             | 46,374                   |                                  |   |                                       | CY23 POOL SEASON                   |
| (6) | FREDERICKSBURG PRESBYTERIAN CHURCH<br>810 PRINCESS ANNA STREET<br>FREDERICKSBURG VA 22401 |            |                                 | 7,000                    |                                  |   |                                       | GENERAL FUND                       |
| (7) | FREDERICKSBURG REGIONAL FOOD BANK<br>PO BOX 1006<br>FREDERICKSBURG VA 22402               | 54-1255013 | 501C3                           | 9,000                    |                                  |   |                                       | GENERAL OPERATING                  |
| (8) | FREDERICKSBURG REGIONAL FOOD BANK<br>PO BOX 1006<br>FREDERICKSBURG VA 22402               | 54-1255013 | 501C3                           | 60,000                   |                                  |   |                                       | HEALTHY EATING RESEA               |
| (9) | FREDERICKSBURG REGIONAL SPCA<br>10819 COURTHOUSE ROAD<br>FREDERICKSBURG VA 22408          | 54-0648185 | 501C3                           | 24,254                   |                                  |   |                                       | ANIMAL CARE                        |

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

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

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

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

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

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

- 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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2023**

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

- 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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

- 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

**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](http://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**

|   | Yes  | No   |  |  |  |  |   |  |  |  |
|---|--|--|--|--|--|--|---|--|--|--|
| <p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table> | <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) |  |  |
| <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) |  |  |  |  |  |   |  |  |  |
| <p><b>b</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 .....</p>  | <b>1b</b>  |  |  |  |  |  |   |  |  |  |
| <p><b>2</b> 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? .....</p>  | <b>2</b>   |  |  |  |  |  |   |  |  |  |
| <p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <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 |   |  |  |  |
| <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   |  |  |  |  |  |   |  |  |  |
| <p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4a</b>  | <b>X</b>   |  |  |  |  |   |  |  |  |
|   | <b>4b</b>  | <b>X</b>   |  |  |  |  |   |  |  |  |
|   | <b>4c</b>  | <b>X</b>   |  |  |  |  |   |  |  |  |
| <p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>   | <b>5a</b>  | <b>X</b>   |  |  |  |  |   |  |  |  |
|   | <b>5b</b>  | <b>X</b>   |  |  |  |  |   |  |  |  |
| <p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>  | <b>6a</b>  | <b>X</b>   |  |  |  |  |   |  |  |  |
|   | <b>6b</b>  | <b>X</b>   |  |  |  |  |   |  |  |  |
| <p><b>7</b> 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 .....</p>   | <b>7</b>   | <b>X</b>   |  |  |  |  |   |  |  |  |
| <p><b>8</b> 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 .....</p>   | <b>8</b>   | <b>X</b>   |  |  |  |  |   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>  | <b>9</b>   |  |  |  |  |  |   |  |  |  |

**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 <b>TERI MCNALLY</b><br><b>CHIEF EXEC OFFICER</b> | (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) |  |                                     |                                     |  |                         |                                 |   |



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open To Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization

RAPPAHANNOCK RIVER REGION, INC.

Employer identification number

54-1843987

Part I Types of Property

Table with 4 columns: (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. Row 9 is highlighted with 'X' in (a), '19' in (b), '551,951' in (c), and 'ESTABLISHED SECURITY MKT' in (d).

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 table for questions 30a, 31, and 32a. 30a: No (X), 31: Yes (X), 32a: No (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?

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

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.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>COMMUNITY FOUNDATION OF THE<br/>RAPPAHANNOCK RIVER REGION, INC.</b> | Employer identification number<br><b>54-1843987</b> |
|--|---|

**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

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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

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

For calendar year 2023, or fiscal year beginning 7/01, 2023, and ending 6/30, 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

**2023**

Name of filer

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

EIN or SSN

**54-1843987**

Name 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.

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

**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 **SCHULEN, 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**