**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change SHENANDOAH COMMUNITY FOUNDATION Name \*\*-\*\*\*3011 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 350 540-465-1444 ,586,833. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended STRASBURG, VA 22657 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: W. MICHAEL FUNK Yes X No for subordinates? ..... SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions SHENANDOAHCOMMUNITYFOUNDATION.ORG H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1999 M State of legal domicile: VA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: THE FOUNDATION PROMOTES Activities & Governance LONG-TERM GIVING IN SHENANDOAH COUNTY AND SURROUNDING AREAS. if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,135,791. 1,031,316. Contributions and grants (Part VIII, line 1h) 0. Program service revenue (Part VIII, line 2g) 365,020. 1,303,837. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 186. 1,006. 11 500,997. 2,336,159**.** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 393,421. 955,524. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 44,090. 54,120. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 41,503. 77,735. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,087,379. 479,014. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,021,983. 1,248,780. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 7,937,445. 6,824,112 Total assets (Part X, line 16) 0. 21 Total liabilities (Part X, line 26) 937,445. Net assets or fund balances. Subtract line 21 from line 20 ..... 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. Signature of officer Date Sign MICHAEL FUNK, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature OLIVIA A. HUTTON, CP | 02/27/23P00964688 OLIVIA A. HUTTON, CPA Paid self-employed YOUNT, HYDE & BARBOUR, P.C. Firm's EIN \*\*-\*\*\*9263 Preparer Firm's name Firm's address P.O. BOX 2560 Use Only

No

Phone no. 540-662-3417

X Yes

WINCHESTER, VA 22604-1760

May the IRS discuss this return with the preparer shown above? See instructions

Par	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 MISSION OF THE SHENANDOAH COMMUNITY FOUNDATION IS TO PROMOTE
	PHILANTHROPY IN SHENANDOAH COUNTY AND SURROUNDING AREAS BY CONNECTING
	PEOPLE WHO CARE WITH CAUSES THAT MATTER.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$115,961. including grants of \$106,490. ) (Revenue \$)
	COMMUNITY GRANTS PROGRAM - PROVIDES GRANTS TO NON-PROFIT ORGANIZATIONS
	THAT BENEFIT SHENANDOAH COUNTY AND ITS RESIDENTS. 2022 GRANT RECIPIENTS
	WERE:
	- AMERICAN RED CROSS
	- BIG BROTHERS BIG SISTERS
	- BLUE RIDGE HABITAT FOR HUMANITY
	- BRAIN INJURY CONNECTIONS
	- CONCERN HOTLINE
	- ENRICH PROGRAM
	- FAMILY PROMISE OF SHENANDOAH COUNTY -
	FERST READERS
	- FRIENDS OF THE NORTH FORK OF THE SHENANDOAH RIVER
4b	(Code:) (Expenses \$ 140,829 • including grants of \$ 127,174 • ) (Revenue \$)
	SCHOLARSHIP PROGRAMS PROVIDING COLLEGE AND OTHER POST-SECONDARY
	SCHOLARSHIPS TO SHENANDOAH COUNTY HIGH SCHOOL GRADUATES. IN 2022
	SCHOLARSHIPS WERE AWARDED FROM THE FOLLOWING FUNDS:
	-4-H DAIRY CLUB
	-RUSSELL ADAMS FORT VALLEY
	-HELENE ALBRIGHT
	-JESSE A. BOLSTRIDGE #55 MEMORIAL
	-BRIDGEBUILDER
	-CHS ALUMNI
	-CHS CLASS OF 1978
	-HARRY H. COMBS
	-JEREMY M. COOK
4c	(Code:) (Expenses \$
	FUNDS PROVIDING GRANTS IN 2022 FOR PURPOSES OTHER THAN COMMUNITY GRANTS
	AND POST-SECONDARY SCHOOL SCHOLARSHIPS:
	-RUSSELL ADAMS FORT VALLEY MUSEUM
	-DONALD H. ALBRIGHT
	-ART GROUP
	-BOWMAN-SHANNON CULTURAL ARTS
	-DR. JOHN AND ELIZABETH COTTRELL
	-ENVIRONMENTAL CONSERVATION
	-WARREN & PATRICIA FRENCH
	-GARLAND-UHL
	-CURTIS GROVES
	-CHILDREN'S INITIATIVES
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 10,271. including grants of \$ 10,000.) (Revenue \$ )
4e	Total program service expenses 989,159.
	Form <b>990</b> (2022)

09170227 781823 17844010.0

# Part IV Checklist of Required Schedules

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

Form 990 (2022) SHENANDOAH COMMUNITY FOUNDATION
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? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
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? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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? If "Yes," complete	OEL.		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	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</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes." complete			
	Schedule N. Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u></u>
Par	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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	Щ
232004	! 12-13-22	Form	990	(2022)

022) SHENANDOAH COMMUNITY FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Γ			
	filed for the calendar year ending with or within the year covered by this return	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	[	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	[	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	L	4a		X
b	If "Yes," enter the name of the foreign country	_ I			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	··· Б	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	г	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		_		37
	any contributions that were not tax deductible as charitable contributions?	├	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
_	were not tax deductible?	⊦	6b		
7	Organizations that may receive deductible contributions under section 170(c).	~~	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor of the years of the years of the goods are payided?	Г	7a		Λ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	··· ├	7b		
С	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	"	70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	$\neg$	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Г	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	т.	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	т.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	L	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	- 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	$\dashv$			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	$\dashv$			
11	Section 501(c)(12) organizations. Enter:	- 1			
a	Gross income from members or shareholders 11a	$\dashv$			
р	Gross income from other sources. (Do not net amounts due or paid to other sources against	- 1			
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	$\dashv$	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	h	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\neg$			
	Is the organization licensed to issue qualified health plans in more than one state?	- 1	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	···			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	- 1			
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or 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?		17		
	If "Yes," complete Form 6069.				

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	inio ossion 2 registro memaron asset periodo no registro e y silo monta residia de coo,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
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)	availat	ole
. =	for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.	a.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	W. MICHAEL FUNK - 540-465-1444			
	PO BOX 350, STRASBURG, VA 22657			

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

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

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

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

X Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.	<b>.</b>
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)				one	Reportable	Reportable	Estimated
	hours per	box					an tee)	compensation	compensation	amount of
	week (list any	_	<u> </u>	Ī		Π		from the	from related organizations	other compensation
	hours for	direct				,		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	hul	lus	90	Ke	e Hig	For			
(1) MICHAEL FUNK	20.00	.,		.,						
PRESIDENT AND DIRECTOR	4 00	Х		Х		-		0.	0.	0.
(2) DAVID FERGUSON	4.00	٠,,		٦,					_	
VICE PRESIDENT AND DIRECTO	4 00	Х		Х		┝		0.	0.	0.
(3) KATHERINE MORRISON	4.00	<b>.</b>		-					_	_
SECRETARY AND DIRECTOR (4) KEVIN FINKS	4.00	Х		X		┢		0.	0.	0.
TREASURER AND DIREC	4.00	Х		Х				0.	0.	0.
(5) SHARON BARONCELLI	2.00	Λ		^		┢		0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
(6) BEVERLY BUTTERFIELD	3.00	22				$\vdash$		0.	0.	<u> </u>
DIRECTOR	3.00	Х						0.	0.	0.
(7) MANDY BELYEA	2.00								•	•
DIRECTOR		х						0.	0.	0.
(8) MICHAEL DORMAN	2.00							-	-	-
DIRECTOR		Х						0.	0.	0.
(9) DENNIS DYSART	3.00									
DIRECTOR		Х						0.	0.	0.
(10) JERRY GERMROTH	3.00									
DIRECTOR		Х						0.	0.	0.
(11) BRANDON KELLER	2.00									
DIRECTOR		Х						0.	0.	0.
						_				
		-								
						├				
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	I	1						I		l

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Part VII	Geotion A. Omocro, Birectoro, Trac	1	оюу Г	ees,			gnes	t C		s (continued) (E)	—		<u></u> `	
	(A)	(B)			(C	•			(D)			(F)		
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		l	timate	
		hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	n	an	nount	of
		week	-	officer and a direct			T	iee)	from	from relate			other	
		(list any	Individual trustee or director						the	organizations		I .	pensa	
		hours for	or dir	ao			ted		organization	(W-2/1099-MIS	C/	l	om th	
		related	stee	ruste			Sue		(W-2/1099-MISC/	1099-NEC)		ı -	anizat	
		organizations	altru	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)			l	d relat	
		below	ividu	ij	Officer	emp	hest	Former				orga	ınizati	ons
		line)	Рu	lust	0#i	Key	E E	For						
											$\neg$			
			1											
				<u> </u>							-			
							_							
						<u> </u>								
											$\neg$			
											$\overline{}$			
			1											
			<u> </u>	_			_							
1b Subto	otal								0.		0.			0.
	I from continuation sheets to Part VI								0.		٠.			0.
	l (add lines 1b and 1c)								0.		0.			0.
	number of individuals (including but n								ceived more than \$100	000 of reportable				
	pensation from the organization	or minica to th	000	11000	u u	,010	, , , , , , ,	010	ocived more than \$100,	ooo or reportable				0
COMP	bensation from the organization												Yes	No
• D:-I-II	la companie di contra l'altra de	alternation to the						1			ſ			110
	he organization list any former officer,	,	-	•	•	•		•		•				37
	a? If "Yes," complete Schedule J for s											3		<u> </u>
	ny individual listed on line 1a, is the su													
and r	elated organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
	ny person listed on line 1a receive or a													
rende	ered to the organization? If "Yes." com	nolete Schedule	e.Jf	or si	ıch r	oers	on .					5		X
	Independent Contractors	<del>proto corrogan</del>	<u> </u>	0, 00	, ,,,,	2010	<u> </u>							
1 Comp	plete this table for your five highest co	mnensated inc	lene	nde	nt cc	ntra	acto	re th	nat received more than \$	100 000 of comp	enea	tion fro	m	
-		-	-							· · · · · · · · · · · · · · · · · · ·	Cilsai	lion iic	,,,,,	
trie o	rganization. Report compensation for	irie caleridar ye	ear e	Hull	ig w	IIII C	ועע זכ	111111		ear.				
	(A) Name and business	addrass	BT/	<b>~</b> ****					<b>(B)</b> Description of s	orvicos	C	(C omper		_
	Name and business	address	7//	INC	<u> </u>			_	Description of s	ei vices		ompe	isalio	
								J						
								J						
								$\dashv$						
								J						
								$\dashv$						
2 Total	number of independent contractors (in	ncluding but n	ot lir	nited	to t	thos	se lis	ted	above) who received mo	ore than				
\$100	,000 of compensation from the organiz	zation				(	)							

Part VIII Statement of Revenue

		Check if Sch	nedule O c	onta	ains a resp	onse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
υs	1 :	Federated camp	naigns		1a						
ant		Membership due									
يج ق											
Ŧ\$,		Fundraising ever									
ig ig		d Related organiza				1					
ns,		Government gra				_					
er ë	t	All other contributi		-			1 021 216				
현된		similar amounts no					1,031,316.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions		ines 1	a-1f <b>1g</b>	<b> </b> \$		1 021 216			
<u>0</u> 8	r	Total. Add lines	1a-1†				D! 0!-	1,031,316.			
	_						Business Code				
ice	2 a										
erv ne	k										
n S	(										
gra Re		d									
Program Service Revenue	•										
-		All other program									
$\overline{}$		Total. Add lines									
	3	Investment incor	•	•			•	206 975			206 975
	_	other similar amo						206,975.			206,975.
	4	Income from inve			•	•					
	5	Royalties			(i) Re						
	_			_	(1) 176	aı	(ii) Personal				
		Gross rents		6a							
		Less: rental expe		6b							
		Rental income o		6с							
		Net rental incom	, ,				(ii) Othor				
	/ 8	Gross amount from		_	(i) Secu		(ii) Other				
		assets other than i	•	7a	6,347	, 556.					
	r	Less: cost or othe		<b>-</b>	5 250	671					
ă		and sales expenses	S	/b	5,250 1,096						
eve		Gain or (loss)						1,096,862.			1096862.
Other Revenue		<ul><li>Net gain or (loss)</li><li>Gross income fron</li></ul>						1,030,002.			1030002.
Ę	0 6	including \$									
١		contributions rep									
		Part IV, line 18				8a					
		Less: direct expe									
		Net income or (lo									
		Gross income from									
	9 6	Part IV, line 19		-		- 1					
		Less: direct expe									
		Net income or (lo									
		Gross sales of in		-	-	 					
		and allowances				10a					
	ŀ	Less: cost of go				- 1					
		Net income or (lo									
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				Business Code				
sno	11 a	MISCELLANEOUS	s income				900099	1,006.			1,006.
ane inue	k										
eve	c	•									
Miscellaneous Revenue	c	d All other revenue	e								
_	e	Total. Add lines	11a-11d					1,006.			
	12	Total revenue. Se	e instructio	ns				2,336,159.	0.	0.	1304843.

### 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 (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 828,350. 828,350. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 127,174. 127,174. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50,222. 25,111. 25,111. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 3,898. 1,949. 1,949. 10 Payroll taxes Fees for services (nonemployees): Management Legal 9,075. 1,842. 7,233. Accounting Lobbying Professional fundraising services. See Part IV, line 17 25,633. 25,633. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 7,407. 7,407. Advertising and promotion 12 16,011. 16,011. Office expenses 13 Information technology 14 15 Royalties 5,100. 5,100. 16 Occupancy 850. 850. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 2,125. 2,125. 23 Other expenses. Itemize expenses not covered 24 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.) 4,175. 4,175. PROGRAM EXPENSE 2,748. EDUCATION AND TRAINING 558. 2,190. 2,274. 2,274. TELEPHONE AND INTERNET 2,170. 2,170. DUES AND SUBSCRIPTIONS 167. 167. All other expenses 1,087,379. 989,159. 98,220 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

# Form 990 (2022) Part X Balance Sheet

	ILX	Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		584,639.	1	555,215.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of t	hese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons descri		6		
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or othe	1 1			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	1 1		10c	
	11	Investments - publicly traded securities		7,352,806.	11	6,268,897.
	12	Investments - other securities. See Part IV, lir			12	
	13	Investments - program-related. See Part IV, li			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e		7,937,445.	16	6,824,112.
	17	Accounts payable and accrued expenses		17	•	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Comple			21	
10	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, su				
ig		controlled entity or family member of any of t			22	
Ë	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on li				
		of Schedule D	,		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow FASB ASC 958, o	check here X			
es		and complete lines 27, 28, 32, and 33.				
anc	27			7,937,445.	27	6,824,112.
Bal	28				28	
pu		Organizations that do not follow FASB ASC				
Ī		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current fun	ds		29	
šets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		7,937,445.	32	6,824,112.
~	33	Total liabilities and net assets/fund balances		7,937,445.	33	6,824,112.
						Form <b>990</b> (2022

<u> FOIII</u>	1990 (2022) SHENANDOAH COMMONTH FOUNDATION		301	<u> </u>	Page •
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,3	36,	159.
2	Total expenses (must equal Part IX, column (A), line 25)	2			379.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,2	48,	780.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			445.
5	Net unrealized gains (losses) on investments	5	-2,3	62,	113.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	6,8	<u>24,</u>	112.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	_		_	Y	es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2I	<u>Σ</u>	ζ
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		20	2	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	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?		3	а	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
			ا ا	_	

| 3b | | Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Name	e of the organization Employer identification number										
	SHEN	ANDOAH COM	MUNITY FOUND	MOITA				*-***3011			
Part	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The org	anization is not a private found	lation because it is: (	For lines 1 through 12, cl	neck only o	one box.)						
1	A church, convention of ch	urches, or association	on of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	1 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).					
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
	city, and state:										
5	An organization operated for	or the benefit of a co	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in			
	section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	An organization that norma	ılly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general į	oublic described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 🖸	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)							
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	x) operate	ed in conju	ınction with a	land-grant	college			
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or			
	university:										
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from			
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of it	s support f	rom gross investment			
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.			
	See section 509(a)(2). (Co	mplete Part III.)									
11	An organization organized	and operated exclusi	ively to test for public sat	ety. See	section 50	)9(a)(4).					
12	An organization organized	and operated exclusi	ively for the benefit of, to	perform th	he function	ns of, or to ca	rry out the	purposes of one or			
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r <b>section</b> (	509(a)(2).	See <b>section</b> :	509(a)(3). (	Check the box on			
	lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.				
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving			
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	upporting			
	organization. You must o	complete Part IV, Se	ections A and B.								
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving			
	control or management of	of the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or mana	ge the supp	oorted			
	organization(s). You mus	t complete Part IV,	Sections A and C.								
С	Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,			
	its supported organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ections A,	D, and E.					
d	Type III non-functionally	<b>/ integrated.</b> A supp	oorting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)			
	that is not functionally int	egrated. The organiz	zation generally must sat	sfy a distri	ibution rec	quirement and	an attentiv	/eness			
	requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.					
е	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III				
	functionally integrated, or	r Type III non-functio	nally integrated supportin	ng organiza	ation.						
f E	inter the number of supported o	organizations									
g F	Provide the following information										
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	-	(vi) Amount of other			
	organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
	<u> </u>										

(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.)

Sec	ction A. Public Support		·	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	` ,	, ,	,
	membership fees received. (Do not						
	include any "unusual grants.")	732,416.	363,919.	489,090.	1135791.	1031916.	3753132.
2	Tax revenues levied for the organ-	,	,	,			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	732,416.	363,919.	489,090.	1135791.	1031916.	3753132.
	The portion of total contributions	.01/110	000,020				0.002020
J	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,						
	l (f)						1119697.
6	Public support. Subtract line 5 from line 4.						2633435.
	etion B. Total Support						2033433.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2010	(c) 2020	(4) 2021	(a) 2022	(f) Total
		(a) 2018 732, 416.	(b) 2019 363,919.	489,090.	(d) 2021 1135791.	(e) 2022 1031916.	(f) Total 3753132.
_	Amounts from line 4	732,410.	303,313.	<del>4</del> 00,000.	1133731.	1031310.	3733132.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	60 617	105 600	191,145.	361,584.	206,975.	935,003.
_	and income from similar sources	69,617.	105,682.	191,145.	301,304.	200,975.	935,003.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			460	100	1 006	1 654
	assets (Explain in Part VI.)			462.	186.	1,006.	1,654.
11	<b>Total support.</b> Add lines 7 through 10						4689789.
12	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
	ction C. Computation of Publi						F.C. 4.F.
	Public support percentage for 2022 (I					14	56.15 %
	Public support percentage from 2021					15	60.72 %
16a	33 1/3% support test - 2022. If the						
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and <b>stop here.</b> The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	: - 2022. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- <b>2021.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	S
						Schedule A	(Form 990) 2022

## 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.)

Sed	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
_	iness under section 513				1		<del>                                     </del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						-
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						<del>                                     </del>
	<b>Total.</b> Add lines 1 through 5						-
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Г	T	T	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						<del>                                     </del>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second. third.	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
	check this box and <b>stop here</b>	· ·		· ·	•	.,.,	
Sed	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>cop here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not chack a	boy on line 14, 10	or 10h chock th	nic boy and soo ing	structions	

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
За		
- Oa		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
90		
9с		
10a		
. 34		
40.		
10b		

11	t IV   Supporting Organizations (continued)			
			Yes	N
	Has the organization accepted a gift or contribution from any of the following persons?		100	
-	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		$\top$
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	113		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1110		
	71 11 0 0		Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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		100	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		$oxed{oxed}$
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		╙
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		$oxed{oxed}$
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
Sec 1	tion E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
		s).		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below.		า <u>ร).</u>	

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described 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? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a 2b За

Schedule A (Form 990) 2022

## 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 - Ad	ljusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net shor	t-term capital gain	1		
2 Recoveri	es of prior-year distributions	2		
3 Other gr	oss income (see instructions)	3		
4 Add lines	s 1 through 3.	4		
5 Deprecia	tion and depletion	5		
6 Portion of	of operating expenses paid or incurred for production or			
collectio	n of gross income or for management, conservation, or			
maintena	ance of property held for production of income (see instructions)	6		
7 Other ex	penses (see instructions)	7		
	Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggrega	te fair market value of all non-exempt-use assets (see			
instruction	ons for short tax year or assets held for part of year):			
a Average	monthly value of securities	1a		
<b>b</b> Average	monthly cash balances	1b		
<b>c</b> Fair marl	cet value of other non-exempt-use assets	1c		
d Total (ad	ld lines 1a, 1b, and 1c)	1d		
e Discoun	t claimed for blockage or other factors			
(explain i	n detail in Part VI):			
•	on indebtedness applicable to non-exempt-use assets	2		
3 Subtract	line 2 from line 1d.	3		
4 Cash de	emed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instr	uctions).	4		
5 Net value	e of non-exempt-use assets (subtract line 4 from line 3)	5		
	ine 5 by 0.035.	6		
	es of prior-year distributions	7		
	n Asset Amount (add line 7 to line 6)	8		
Section C - Di	stributable Amount			Current Year
1 Adjusted	net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.8	5 of line 1.	2		
3 Minimun	asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gre	eater of line 2 or line 3.	4		
5 Income t	ax imposed in prior year	5		
	table Amount. Subtract line 5 from line 4, unless subject to			
emergen	cy temporary reduction (see instructions).	6		
	eck here if the current year is the organization's first as a non-function		. T III	

Schedule A (Form 990) 2022

instructions).

Pai	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations <sub>(contint</sub>	ued)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpos	S	3		
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pi	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	-	(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

# **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 Inspection

Name of the organization

SHENANDOAH COMMUNITY FOUNDATION

**Employer identification number** \*\*-\*\*\*3011

Pai			ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	13	15
2	Aggregate value of contributions to (during year)	527,550.	75,257.
3	Aggregate value of grants from (during year)	667,500.	23,733.
4	Aggregate value at end of year	1,140,064.	880,467.
5	Did the organization inform all donors and donor advisors in w		
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or impermissible private benefit?	, , , ,	
Par		nanization answered "Yes" on Form 990 Part IV	
1	Purpose(s) of conservation easements held by the organization		v, me 7.
•	Preservation of land for public use (for example, recreat	`	torically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space	r reservation or a ser	tilled fileteric structure
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
С	Number of conservation easements on a certified historic stru	octure included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		nization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conservat	ion easements during the year
7	Amount of expanses insurred in monitoring inspecting handle	ling of violations, and enforcing concervation o	accompanie during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and emorcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(F	3)(i)
Ü		s satisfy the requirements of section 17 o(n)(+)(t	
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	•	
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under FASB AS	-	
а	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2022

	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, or Othe	r Sir	milar	Assets	(contin	ued)	ago —
3	Using the organization's acquisition, accession	n, and other records,	check any of the fo	ollowing that make s	signifi	cant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exch	nange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col	llections and explain	how they further th	e organization's exe	mpt p	ourpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or other simila	ır asse	ets				
	to be sold to raise funds rather than to be mai	intained as part of the	e organization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arrang	jements. Complet	e if the organization	n answered "Yes" o	n Forr	n 990, I	Part IV, I	ine 9, or		
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ry for contributions	or other assets not	inclu	ded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amount		
С	Beginning balance				Г	1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance				- Γ	1f				
2a	Did the organization include an amount on Fo				ility?			Yes		No
	If "Yes," explain the arrangement in Part XIII.				-					
Par	t V Endowment Funds. Complete if	the organization ans	wered "Yes" on Fo	rm 990, Part IV, line	10.					
	·	(a) Current year	(b) Prior year	(c) Two years back		Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance	7,859,851.	6,359,409.	5,297,340.		4,11	1,455.	3,	808,	037.
b	Contributions	926,931.	1,155,038.	793,714.		62	2,324.		732,	705.
С	Net investment earnings, gains, and losses	-1,060,934.	809,779.	704,904.		81	3,946.	-	180,	446.
d	Grants or scholarships	955,524.	393,421.	381,701.		19	9,252.		206,	008.
е	Other expenditures for facilities									
	and programs	4,328.	515.	342.			2,459.		2,	072.
f	Administrative expenses	66,627.	70,439.	54,506.		4	8,674.		40,	761.
g	End of year balance	6,699,369.	7,859,851.	6,359,409.	1		7,340.	4,		455.
2	Provide the estimated percentage of the curre					· ·	,			
a	Board designated or quasi-endowment	100	%	,						
b	Permanent endowment	%	_/~							
		, - /6								
•	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	•	ion that are held an	d administered for t	he					
	organization by:							Γ	Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par			····o····							
	Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11a. So	ee Form 990, Part X	, line	10.				
	Description of property	(a) Cost or oth	ner (b) Cost	or other (c)	Accur	nulated		(d) Book	c valu	
	Decemplian of property	basis (investme		' '	epreci			(4) 2001	· vaia	•
1a	Land	<del>- '</del>		,						
	Buildings									
	Leasehold improvements						$\top$			
	Equipment	l l					$\neg$			
	Other						$\top$			
	Add lines 1a through 1e (Column (d) must as		and man (D) line 10	<u> </u>						0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 SHENANDOAH C Part VII Investments - Other Securities.	OMMUNITY FOU	NDATION **	*-***3011 Page 3
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	T
···	escription		(b) Book value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1  Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5
1. (a) Description of liability	77 OTT 000, 1 art 14, mic	110 01 111. 000 1 0111 000, 1 arrx, 1110 20	(b) Book value
(1) Federal income taxes			(,,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2022

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

25,633.

1,087,379

4c

Sche	edule D (Form 990) 2022 SHENANDOAH COMMUNT'I'Y F'OUNDA'	$_{\rm LTOI}$	N	* * _	***3011 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts Wi	th Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	-51,587.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-2,362,113.		
b		2b			
С	Recoveries of prior year grants	2c			
d		2d			
е	Add lines 2a through 2d			2e	-2,362,113.
3	Subtract line 2e from line 1			3	2,310,526.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	25,633.		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	25,633.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,336,159.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts W	ith Expenses per P	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,061,746.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,061,746.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				

### Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18. Part XIII Supplemental Information.

**b** Other (Describe in Part XIII.)

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

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 V, LINE 4:

THE FOUNDATION'S ENDOWMENT FUNDS SERVE VARIOUS PURPOSES. FOR EXAMPLE, PROVIDE ANNUAL GRANTS TO SPECIFIED ORGANIZATIONS, SUCH AS THE FORT VALLEY COMMUNITY CENTER, THE FORT VALLEY MUSEUM, AND THE SHENANDOAH COUNTY LIBRARY ARCHIVES. OTHERS PROVIDE SCHOLARSHIPS TO GRADUATING SENIORS OF THE COUNTY'S HIGH SCHOOLS. THE UNRESTRICTED GRANTS FUND PROVIDES ANNUAL GRANTS TO VARIOUS ORGANIZATIONS FOR THE BENEFIT OF THE COUNTY AND ITS RESIDENTS. STILL OTHERS ARE INTENDED TO GROW REVENUES TO PROVIDE FUTURE FUNDING FOR THE FOUNDATION'S GRANT PROGRAMS AND ADMINISTRATIVE EXPENSES.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	SHENANDOAH	COMMUNITY	FOUNDATION	**-***3011	Page 5
Part XIII Supplement	SHENANDOAH tal Information (continued)				g
Turt XIII Cupplement	(continuea)				
			<u> </u>		

### SCHEDULE I (Form 990)

Department of the Treasury

FRIEND OF THE NORTH FORK

SHENANDOAH VALLEY MUSIC FESTIVAL

WOODSTOCK VA 22664

PO BOX 746

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.

2022 Open to Public

OMB No. 1545-0047

Internal Revenue Service Inspection Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** \*\*-\*\*\*3011 SHENANDOAH COMMUNITY FOUNDATION Part I General Information on Grants and Assistance 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 1 X Yes criteria used to award the grants or assistance? 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) BLUE RIDGE AREA FOOD BANK PO BOX 937 ••\*:\*—\*\*-\*562644(3) 50,000. 0 VERONA, VA 24482 FOOD FAMILY PROMISE 781 SPRING PARKWAY HOUSING AND RELATED ••\*:\*—\*\*-\*5641C16(3) SERVICES WOODSTOCK, VA 22664 16,280 0.

PO BOX 528 MUSTC PROGRAMS AND ••\*:\*—\*\*-\*56166516(3) WOODSTOCK VA 22664 506 000 0. PERFORMANCE ARTS CENTER THE ART FACTORY 9419 BATTLE STREET ••\*:\*—\*\*-\*568092(3) MANASSAS, VA 20110 30 000 0. CREATIVE COMPUTER LAB SHENANDOAH COUNTY PUBLIC SCHOOLS 600 N. MAIN STREET ••\*:\*--\*\*5**61**6**0**5(3) WOODSTOCK, VA 22664 22 873 0 MUSIC AND ARTS PROGRAM

6,087

0.

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

••\*:\*—\*\*-\*561869(3)

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

Schedule I (Form 990) 2022

13.

ENVIRONMENTAL

CONSERVATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FCC EDUCATIONAL FOUNDATION							
173 SKIRMISHER LANE							
MIDDLETOWN, VA 22645	••*:***-*	5 <b>6162</b> 4(3)	10,000.	0.			EDUCATION
MARANATHA MISSIONS							
PO BOX 639							ABBA'S HOUSE MATERNITY
CHERAW, SC 29520	••*:***-*	5 <b>6142</b> 2(3)	7,500.	0.			номе
PRINCE WILLIAM COUNTY BAR							
FOUNDATION - 9108 CHURCH STREET,							PWC BAR FOUNDATION
#345 - MANASSAS, VA 20110	••*:***-*	566Q6¥(3)	12,000.	0.			SCHOLARSHIPS
SHELTER BOX USA							
PO BOX 5055							SHELTER RELATED TO
SANTA BARBARA, CA 93108	••*:***-*	5 <b>6160</b> ¼(3)	15,000.	0.			UKRAINE CRISIS
SHENANDOAH COUNTY FREE CLINIC							
124 VALLEY VISTA DRIVE							
WOODSTOCK, VA 22664	••*:***-*	562008(3)	22,750.	0.			MEDICAL
SHENANDOAH COUNTY SEARCH, INC.							
5742 MAIN STREET							
MOUNT JACKSON, VA 22842	••*:***-*	568Q36(3)	10,000.	0.			MOLD REMEDIATION
SHENANDOAH MEMORIAL HOSPITAL							
FOUNDATION - 759 S. MAIN STREET -							
WOODSTOCK, VA 22664	••*:***-*	<b>ጛ</b> ዕъ0 <b>ଫ</b> ፮(3)	15,000.	0.			MEDICAL CARE

Schedule I (Form 990) 2022 SHENANDOAH COMM	UNITY FO	UNDATION			**-***3011	Page 2
Part III Grants and Other Assistance to Domestic Individuals.  Part III can be duplicated if additional space is needed.	Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance
SCHOLARSHIP PROGRAMS FOR SHENANDOAH COUNTY						
STUDENTS	64	127,174.	0.			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
THE FOUNDATION MONITORS ITS SCHOLAR	RSHIP GRA	NTS TO ENS	SURE THAT T	HEY ARE		

THE FOUNDATION MONITORS ITS SCHOLARSHIP GRANTS TO ENSURE THAT THEY ARE

USED FOR PROPER PURPOSES AND NOT OTHERWISE DIVERTED FROM THEIR INTENDED

USE. SCHOLARSHIP GRANTS BY THE FOUNDATION ARE PAID BY CHECK. IN MOST

INSTANCES, THE PAYEE IS EITHER A PUBLIC HIGH SCHOOL IN THE COUNTY OR A

POSTSECONDARY EDUCATIONAL INSTITUTION THAT THE SCHOLARSHIP RECIPIENT IS

OR WILL BE ATTENDING. THERE IS ONE SCHOLARSHIP PROGRAM IN WHICH THE

RECIPIENTS ARE CHOSEN BY THE HIGH SCHOOLS AND THE CHECKS ARE PAYABLE TO

THE RECIPIENTS; THE FOUNDATION ADVISES THE RECIPIENTS IN WRITING OF THE

Part IV Supplemental Information
POTENTIAL CONSEQUENCES IF THE GRANTS ARE NOT USED FOR TAX-EXEMPT
EDUCATIONAL PURPOSES.
THE FOUNDATION MONITORS THE GRANTS TO ORGANIZATIONS AND GOVERNMENTAL
ENTITIES TO ENSURE THAT THEY ARE USED FOR PROPER PURPOSES AND NOT
OTHERWISE DIVERTED FROM THEIR INTENDED USE AS FOLLOWS: (1) GRANTS
AWARDED BY THE FOUNDATION ARE PAID BY CHECK IN THE NAME OF THE GRANTEE.
(2) WHEN A GRANT IS DESIGNATED FOR A SPECIFIC PURPOSE, THE GRANTEE
ORGANIZATION AGREES TO INFORM THE FOUNDATION AFTER THE GRANT IS
EXPENDED FOR THAT PURPOSE. (3) WHEN A GRANT IS DESIGNATED FOR A
SPECIFIC PURPOSE, THE GRANTEE ORGANIZATION ALSO AGREES TO INFORM THE
FOUNDATION BEFORE THE GRANT IS EXPENDED FOR ANOTHER PURPOSE. (4)
THROUGH THEIR COMMUNITY INVOLVEMENT AND CONTACT WITH THE GRANTEES, THE
DIRECTORS AND STAFF OF THE FOUNDATION, AS WELL AS THE DONORS TO THE
FOUNDATION'S RESTRICTED FUNDS, OFTEN HAVE INDIRECT KNOWLEDGE REGARDING
THE EXPENDITURE OF GRANTS.

# **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SHENANDOAH COMMUNITY FOUNDATION

**Employer identification number** \*\*-\*\*\*3011

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
- GEMEINSCHAFT HOME
- HUMANE SOCIETY OF SHENANDOAH COUNTY -
LFCC EDUCATIONAL FOUNDATION
- POTOMAC RIVERKEEPER NETWORK
- SHENANDOAH ALLIANCE FOR SHELTER
- SHENANDOAH AREA AGENCY ON AGING
- SHENANDOAH COMMUNITY HEALTH CLINIC -
SHENANDOAH COUNTY HISTORICAL SOCIETY
- SHENANDOAH COUNTY LIBRARY
- SHENANDOAH COUNTY SEARCH
- SHENANDOAH EDUCATION FOUNDATION-DPIL - SHEN
MEM HOSPITAL FOUNDATION
- SHENANDOAH VALLER LUTHERAN MINISTRIES -
SHENANDOAH VALLEY MUSIC FESTIVAL
- SHENANDOAH VALLEY TEEN CHALLENGE
- STRASBURG COMMUNITY LIBRARY
- STRENGTH IN PEERS
- SUSTAINABILITY MATTERS
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
-JOHN C. COPP
-BRANDON KELLY DAWSON MEMORIAL ATHLETIC
-BONNIE B. GOCHENOUR
-ADAM GOODIER MEMORIAL MUSIC
-LUKE ISAAC HEIRD MEMORIAL

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Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

**Employer identification number** Name of the organization \*\*-\*\*\*3011 SHENANDOAH COMMUNITY FOUNDATION -LEROY J. AND ANNA LEE HENRY -DORIS KNICELY -RICHARD S. KROL MEMORIAL -JOSEPH R. LEWIS SCHOLARSHIP FOR THE VISUAL ARTS -SHARON AND DENNIS LILLY -COLTON T. LINDAMOOD -MICHAEL MOREHEAD MEMORIAL -MARGE MOYERS MEMORIAL -OLIVER "BUTCH" ORNDOFF SCOUTING -MILT AND MATTIE PENCE MEMORIAL -JESSICA PUMPHREY MEMORIAL -SHS CHRISTOPHER SAVILLE (JOSHUA 1:9) -SHENANDOAH SCHOLARS -SJHS ALUMNI -SJHS CLASS OF 1963 -VIETNAM VETERANS OF AMERICA, CHAPTER 936 -CURTIS WILLEY WARRIOR -JOE WILLIAMS -ETHEL L. WISMAN -DONALD AND MARY WOMBLE FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: -WILLIAM & EVELYN LAMBERT -LOGAN CHILDREN'S INITIATIVES FUND -SUSAN P. MASSIE THEATRE -MILT & MATTIE PENCE CEMETERY -PUNKY RILEY -ROULSTON

Schedule O (Form 990) 2022 Page 2

Name of the organization
SHENANDOAH COMMUNITY FOUNDATION

Employer identification number
\*\*-\*\*3011

-STRASBURG EXPRESS/HOMEWOOD

-JOHN DUNCAN WILBURN

-WIND RIVER

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE COVID-19 EMERGENCY FUND FOR SHENANDOAH COUNTY WAS ESTABLISHED IN

2020 TO PROVIDE GRANTS TO NON-PROFIT ORGANIZATIONS AND GOVERNMENTAL

AGENCIES TO MEET COVID-19 RELATED NEEDS OF RESIDENTS IN SHENANDOAH

COUNTY. 2022 COVID-19 GRANT RECIPIENTS WERE:

-FAMILY PROMISE

-SHENANDOAH ALLIANCE FOR SHELTER

EXPENSES \$ 10,271. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

PURSUANT TO ITS BY-LAWS, THE FOUNDATION HAS ESTABLISHED AN EXECUTIVE

COMMITTEE. THE MEMBERS OF THIS COMMITTEE ARE THE FOUNDATION'S PRESIDENT,

VICE PRESIDENT, TREASURER AND SECRETARY, ALL OF WHO ARE DIRECTORS OF THE

FOUNDATION. THE COMMITTEE PERFORMS ADMINISTRATIVE FUNCTIONS OF THE

FOUNDATION AND IMPLEMENTS BOARD DIRECTIONS. AMONG OTHER THINGS, THE

EXECUTIVE COMMITTEE IS AUTHORIZED TO FUNCTION IN PLACE OF THE BOARD BETWEEN

MEETINGS.

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

A COPY OF FORM 990 IS PROVIDED TO THE FOUNDATION'S GOVERNING BODY FOR REVIEW BEFORE IT IS FILED.

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

THE FOUNDATION MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** \*\*-\*\*\*3011 SHENANDOAH COMMUNITY FOUNDATION INTEREST POLICY AS FOLLOWS: DIRECTORS AND OFFICERS ARE ASKED TO SIGN CONFLICT OF INTEREST FORMS, AND ARE EXPECTED TO PROVIDE UPDATED DISCLOSURES ANNUALLY OR MORE FREQUENTLY AS APPROPRIATE. MOREOVER, THE FAMILY AND BUSINESS CONNECTIONS OF THE DIRECTORS AND OFFICERS ARE GENERALLY KNOWN IN THE FOUNDATION'S SMALL, RURAL COMMUNITY. AT PRESENT, THE FOUNDATION HAS A LIMITED NUMBER OF VENDOR RELATIONSHIPS AND ITS GRANTS ARE AWARDED DIRECTLY TO NON-PROFIT ORGANIZATIONS OR TO A DIVERSE GROUP OF SCHOLARSHIP RECIPIENTS. DIRECTORS ARE EXPECTED TO RECUSE THEMSELVES FROM BOARD DECISIONS THAT PRESENT A CONFLICT OF INTEREST. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.