### Form **990**

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Column of organization   SERNANDOAH VALLEY   SERVANDOAH VALLEY	A I	For the	2021 calendar year, or tax year beginning and	ending		
State   Policy business as   Number and street (or P.O. box if mail is not delivered to street address)   Room/Suite   R	В	applicable	THE COMMUNITY FOUNDATION OF THE NORTHE	RN	D Employer identific	cation number
Description	F				** ****	2.0
PO BOX 2391   City or town, state or province, country, and ZIP or foreign postal code   Governments 3		change □Initial		D / !!		
City or town, state or province, country, and 2P or foreign postal code  WINCHESTER, VA 22604  F Name and address of principal officer: CARY CRAIG  PO BOX 2391, WINCHESTER VA 22604  I Tax-exempt status: [\$\frac{1}{2}\sqrt{\$\text{St}(0)}\$\te		return _Final _return/	PO BOX 2391	Room/suite		9-6776
Name and address of principal officer CARY CRAIG   PO BOX 2391, WINCHESTER, VA 22604   Holb Area all absorbantaes related?   Yes   No Po BOX 2391, WINCHESTER, VA 22604   Holb Area all absorbantaes related?   Yes   No Po BOX 2391, WINCHESTER, VA 22604   Holb Area all absorbantaes related?   Yes   No Po BOX 2391, WINCHESTER, VA 22604   Holb Area all absorbantaes related?   Yes   No Possible   William	_	ated			G Gross receipts \$	4,226,887.
Part	Ļ	return	WINCHESIER, VA 22004			
Tax-exempts tatus.     Sign(t)(3)   Sign(t)(1)     Sign(t)(1)   Sig		tiòn	F Name and address of principal officer: CART CRATE			
J Website: ► WWWCPNSV.ORG   Hc) Group exemption number ►			<del></del>		1	
Round   crganization:   X    Carporation   Trust   Association   Other   L Year of formation: 2001   M State of legal domicile: VA   Part   Summary				or 527	<b>-</b>	
Briefly describe the organization's mission or most significant activities: TO OPERATE FOR CHARITABLE   PURPOSES AND INSPIRE PHILANTHROPY AND CIVIC ENGAGEMENT BY EMPOWERING				I Voor		
Briefly describe the organization's mission or most significant activities: TO OPERATE FOR CHARITABLE   PURPOSES AND INSPIRE PHILANTHROPY AND CIVIC ENGAGEMENT BY EMPOWERING	P	art I		L Year	or formation. ZUULI	VI State of legal doffliche. VA
PURPOSES AND INSPIRE PHILANTHROPY AND CIVIC ENGAGEMENT BY EMPOWERING   Check this box				PERATE	FOR CHARTT	ARLE
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7a Total number of volunteers (estimate if necessary)  7a Total unrelated business revenue from Part VIII, column (C), line 12  7b Net unrelated business taxable income from Form 990-T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 1h)  9 Program service revenue (Part VIII, column (A), lines 3, 4, and 76)  10 Investment income (Part VIII, column (A), lines 3, 4, and 76)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 76)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 12)  14 Benefits paid to or for members (Part IX, column (A), line 13)  15 Salaries, other compensation, employee Genetiss, (Part IX, column (A), line 11)  16 Professional fundraising fees (Part IX, column (A), line 11)  17 Other expenses (Part IX, column (A), line 11)  18 Total expenses. Add lines 13/7 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  10 Total lassets (Part X, line 16)  10 Total fundraising fees (Part IX, column (A), line 25)  20 Total assets (Part X, line 16)  21 Total labilities (Part X, line 16)  22 Net assets or fund balances. Subtract line 21 from line 20  7, 527, 763.  10, 449, 256.  Part II Signature Block  Primit Type preparer's name  DITVIA A. HUTTON, CPA  DATE  Firm's address y P.O. BOX 2560  WINCHESTER, VA 22604-1760	çe	'				
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990 T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 76) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 76) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 76) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 13) 15 Salaries, other compensation, employee Generits, (Part IX, column (A), line 15) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13/7 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 18 from line 20 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Signature of officer 26 CARY CRAIG, PRESIDENT 27 Type or print name and title 28 Print/Type preparer's name 29 DIJVIA A. HUTTON, CPA 21 DIA A. HUTTON, CPA 21 Firm's address 24 Print (Part Part Part Part Part Part Part Part	nan	9	_			
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990 T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 76) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 76) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 76) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 13) 15 Salaries, other compensation, employee Generits, (Part IX, column (A), line 15) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13/7 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 18 from line 20 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Signature of officer 26 CARY CRAIG, PRESIDENT 27 Type or print name and title 28 Print/Type preparer's name 29 DIJVIA A. HUTTON, CPA 21 DIA A. HUTTON, CPA 21 Firm's address 24 Print (Part Part Part Part Part Part Part Part	Veri	3	•	oca or more		1
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990 T, Part I, line 11  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 76) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 76) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 76) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 13) 15 Salaries, other compensation, employee Generits, (Part IX, column (A), line 15) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13/7 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 18 from line 20 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Signature of officer 26 CARY CRAIG, PRESIDENT 27 Type or print name and title 28 Print/Type preparer's name 29 DIJVIA A. HUTTON, CPA 21 DIA A. HUTTON, CPA 21 Firm's address 24 Print (Part Part Part Part Part Part Part Part	ဇ္ဗိ	4				
B Net unrelated business taxable income from Form 990-T, Part I, line 11	- ფ					
B Net unrelated business taxable income from Form 990-T, Part I, line 11	iţie				6	22
B Net unrelated business taxable income from Form 990-T, Part I, line 11	Ę	1			7a	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 0 0. 0 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employes benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses. Add lines 13-77 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total liabilities (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Total liabilities (Part X, line 26) 26 Total liabilities (Part X, line 26) 27 Total assets (Part X, line 26) 28 Total liabilities (Part X, line 26) 29 Total liabilities (Part X, line 26) 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total liabilities (Part X, line 26) 24 Preparer line so f 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.  PrintType preparer's name 21 PrintType preparer's name 22 PrintType preparer's name 23 PrintType preparer's name 24 PrintType preparer's name 25 PrintType preparer's name 26	_ <b>⋖</b> 	b		<u></u>		0.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 4) 17 Other expenses (Part IX, column (A), line 4) 18 Total revenue - see (Part IX, column (A), line 4) 19 Revenue less expenses (Part IX, column (A), line 25) 19 Revenue less expenses (Part IX, column (A), line 25) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 26) 23 Total liabilities (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Vet assets or fund balances. Subtract line 21 from line 20 26 Total assets 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.  Print/Type preparer's name OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON, CP 05/13/22 if tenniqued PO964688  Firm's address P. P. O. BOX 2560 WINCHESTER, VA 22604-1760 Phone no. 540-662-3417			+ Co			
Program service revenue (Part VIII, Ine 2g)	une	8	Contributions and grants (Part VIII, line 1h)			
12 Total revenue (Part VIII, column (A), lines 5, 62, 62, 63, 63, 64, 64, 64, 64, 64, 65, 66, 64, 64, 64, 64, 64, 64, 64, 64, 64		9				
12 Total revenue (Part VIII, column (A), lines 5, 62, 62, 63, 63, 64, 64, 64, 64, 64, 65, 66, 64, 64, 64, 64, 64, 64, 64, 64, 64	ev.	10				
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   173,335.   278,620.     14   Benefits paid to or for members (Part IX, column (A), line 4)   0. 0. 0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   64,396.   63,379.     16   Professional fundraising fees (Part IX, column (A), line 25)   0. 0.     17   Other expenses (Part IX, column (A), line 25)   0. 0.     18   Total expenses. Add lines 13-77 (must equal Part IX, column (A), line 25)   312,037.   426,471.     19   Revenue less expenses. Subtract line 18 from line 12   1,919,315.   1,946,536.     20   Total assets (Part X, line 16)   9,441,540.   12,990,575.     21   Total liabilities (Part X, line 26)   1,913,777.   2,541,319.     22   Net assets or fund balances. Subtract line 21 from line 20   7,527,763.   10,449,256.     28   Signature Block   1,913,777.   2,541,319.     3   Signature of officer   Date		יין				
14   Benefits paid to or for members (Part IX, column (A), line 4)   0 . 0 . 0 .						
15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   64,396.   63,379.     16a   Professional fundraising fees (Part IX, column (A), line 11e)   0.   0.     17   Other expenses (Part IX, column (A), line 25)   6,911.     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   312,037.   426,471.     19   Revenue less expenses. Subtract line 18 from line 12   1,919,315.   1,946,536.     20   Total assets (Part X, line 16)   9,441,540.   12,990,575.     21   Total liabilities (Part X, line 26)   9,441,540.   12,990,575.     22   Net assets or fund balances. Subtract line 21 from line 20   7,527,763.   10,449,256.     Part II   Signature Block   Signature of officer   Date     CARY CRAIG, PRESIDENT   Type or print name and title     Print/Type preparer's name   Preparer's signature   OLIVIA A. HUTTON, CPA   OLIVIA A. HUTTON, CP   05/13/22   Self-employed   P00964688     Preparer   Use Only   Print's address   P.O. BOX 2560   WINCHESTER, VA 22604-1760   Phone no.540-662-3417		1				
16a Professional fundraising fees (Part IX, column (A), line 11e)   0 . 0 . 0 .		1				
18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)   312,037. 426,471.     19 Revenue less expenses. Subtract line 18 from line 12   1,919,315. 1,946,536.     20 Total assets (Part X, line 16)   9,441,540. 12,990,575.     21 Total liabilities (Part X, line 26)   1,913,777. 2,541,319.     22 Net assets or fund balances. Subtract line 21 from line 20   7,527,763. 10,449,256.     Part II   Signature Block     Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.     Sign	es	15				
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18   Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)   312,037. 426,471.     19   Revenue less expenses. Subtract line 18 from line 12   1,919,315. 1,946,536.     20   Total assets (Part X, line 16)   9,441,540. 12,990,575.     21   Total liabilities (Part X, line 26)   1,913,777. 2,541,319.     22   Net assets or fund balances. Subtract line 21 from line 20   7,527,763. 10,449,256.     Part II   Signature Block     Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.     Sign	X	_b			74 306	94 472
19   Revenue less expenses. Subtract line 18 from line 12   1,919,315.   1,946,536.	_	''				
Beginning of Current Year		1				
Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  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.  Sign  Here  Print/Type or print name and title  Print/Type preparer's name  OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON, CP 05/13/22 self-employed P00964688  Preparer  Use Only  Firm's address  P.O. BOX 2560  WINCHESTER, VA 22604-1760  Phone no. 540-662-3417			Totalida lada apparlada. Gabitata ilila 10 Ilolii ilila 12			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  CARY CRAIG, PRESIDENT Type or print name and title  Print/Type preparer's name OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON, CPA Firm's name VOUNT, HYDE & BARBOUR, P.C.  Firm's address P.O. BOX 2560 WINCHESTER, VA 22604-1760 Phone no. 540-662-3417	ets (	20	Total assets (Part X. line 16)	-		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  CARY CRAIG, PRESIDENT Type or print name and title  Print/Type preparer's name OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON, CPA Firm's name VOUNT, HYDE & BARBOUR, P.C.  Firm's address P.O. BOX 2560 WINCHESTER, VA 22604-1760 Phone no. 540-662-3417	ASS	21				
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Sign Here  CARY CRAIG, PRESIDENT Type or print name and title  Print/Type preparer's name OLIVIA A. HUTTON, CPA Preparer Firm's name Firm's name VOUNT, HYDE & BARBOUR, P.C. Firm's address P.O. BOX 2560 WINCHESTER, VA 22604-1760  Date  Preparer's signature OLIVIA A. HUTTON, CP 05/13/22  Firm's EIN  PTIN  Check Firm's EIN  PO0964688  P100964688  Phone no. 540-662-3417	Und	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	knowledge and belief, it is
Here  CARY CRAIG, PRESIDENT  Type or print name and title  Print/Type preparer's name OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON, CPA Firm's name Firm's name Firm's name Firm's address P.O. BOX 2560 WINCHESTER, VA 22604-1760  Preparer's signature OLIVIA A. HUTTON, CP 05/13/22  Firm's EIN  **-***9263  Phone no.540-662-3417	true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Here  CARY CRAIG, PRESIDENT  Type or print name and title  Print/Type preparer's name OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON, CPA Firm's name Firm's name Firm's name VOUNT, HYDE & BARBOUR, P.C. Firm's address P.O. BOX 2560 WINCHESTER, VA 22604-1760 Phone no. 540-662-3417			0:			
Type or print name and title  Print/Type preparer's name OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON, CP 05/13/22 Firm's name VOUNT, HYDE & BARBOUR, P.C. Firm's address P.O. BOX 2560 WINCHESTER, VA 22604-1760  Preparer's signature OLIVIA A. HUTTON, CP 05/13/22 Firm's EIN **-***9263 Phone no.540-662-3417	Sig	n	•		Date	
Print/Type preparer's name	Her	·e				
Paid OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON, CP 05/13/22   self-employed P00964688    Preparer   Firm's name					Data Jahari E	DTIN
Preparer Use Only         Firm's name         YOUNT, HYDE & BARBOUR, P.C.         Firm's EIN         **-***9263           WINCHESTER, VA 22604-1760         Phone no.540-662-3417			71 1 1		:, L	<b>-</b>
Use Only   Firm's address   P.O. BOX 2560   WINCHESTER, VA 22604-1760   Phone no. 540-662-3417			· · · · · · · · · · · · · · · · · · ·	N, CP		** ***0262
WINCHESTER, VA 22604-1760 Phone no.540-662-3417					Firm's EIN	
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	— Mar	v the IF			F110118 110.54	

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE COMMUNITY FOUNDATION ENHANCES THE QUALITY OF LIFE IN WINCHESTER
	AND THE NORTHERN SHENANDOAH VALLEY OF VIRGINIA BY INSPIRING
	PHILANTHROPY AND CIVIC ENGAGEMENT, EMPOWERING DONORS AND COMMUNITY
_	PARTNERS AND PROVIDING STEWARDSHIP OF COMMUNITY RESOURCES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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 \$296, 251. including grants of \$278, 620. ) (Revenue \$)
	THE COMMUNITY FOUNDATION ACCEPTS CONTRIBUTIONS TO DISTRIBUTE INCOME AS
	GRANTS AND SCHOLARSHIPS PRIMARILY FOR THE BENEFIT OF PEOPLE IN THE
	NORTHERN SHENANDOAH VALLEY OF VIRGINIA.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	<del></del>
4c	(Code:) (Expenses \$
	(code:
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{2.0.6.2.5.1}
<u>4e</u>	Total program service expenses ▶ 296,251.
	Form <b>990</b> (2021)

\*\*-\*<u>\*</u>\*83<u>32</u> Page **3** 

Form 990 (2021) SHENANDOAH VALLEY
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		Х
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	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	ا ا		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
-		<b>-</b>		$\vdash$
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<b>₩</b>
_	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, 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
6	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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
122	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	Н		<del></del>
120		12a	х	
<b>h</b>	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124	-25	_
b		401		v
40	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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	l		,
	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			177
	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		<u> </u>
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		<u> X</u>
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		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>
			200	

			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		<u>X</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		<u> X</u>
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			
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		_
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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			
		25b		х
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	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		Х
35.5	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
J	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		х
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	L_	_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	Х	
Par				
	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		37	
	(gambling) winnings to prize winners?	1c	X	(000.1)
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	<del></del>		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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			
	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,
	to file Form 8282?	7c		X
d		_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		- 25
g h		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	46		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	iJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	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		Х
	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, any disqualified person, or mine operator 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.			

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SHENANDOAH VALLEY

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

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X

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

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 1b 1	_		
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		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Λ	Х
14	Did the organization have a written document retention and destruction policy?	14		
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?	45-		Х
a	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a		X
b		15b		1
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa		16a		Х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Ioa		22
b	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	100		<u> </u>
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►VA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s onlv)	availal	ole
.5	for public inspection. Indicate how you made these available. Check all that apply.	,)		
	Own website X Another's 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, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (540)869-6776			
	PO BOX 2391, WINCHESTER, VA 22604			

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#### Form 990 (2021) 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r		T				ipoi	ioate		<b>(F)</b>		
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)	
Name and title	Average	(do	not c	heck I	more	than	one	Reportable	Reportable	Estimated	
	hours per week	offi	, unle: cer an	ss per id a d	rson i irecto	s both or/trus	n an tee)	compensation from	compensation from related	amount of other	
	(list any	rot						the	organizations	compensation	
	hours for	direc				٦		organization	(W-2/1099-MISC/	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	trust	al tru		oyee	om pe		1099-NEC)	, i	and related	
	below	ndividual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer			organizations	
	line)	Indi	Insti	Officer	Key	High	Former				
(1) LAWRENCE WEISS	30.00										
EXECUTIVE DIRECTOR				X				50,000.	0.	0.	
(2) CARY CRAIG	3.00				_	(					
PRESIDENT		X	L	Х				0.	0.	0.	
(3) PETER HEERWAGEN	3.00										
SECRETARY		X		X				0.	0.	0.	
(4) JULIA CONNELL	1.00										
DIRECTOR		X					_	0.	0.	0.	
(5) BRET HRBEK	1.00	1	`						_	_	
DIRECTOR	4.4	X						0.	0.	0.	
(6) JAMES IMOH	1.00	Ī.,									
DIRECTOR		X					_	0.	0.	0.	
(7) RICHARD KENNEDY	2.00	١								•	
DIRECTOR	1 00	Х	_		_		<u> </u>	0.	0.	0.	
(8) JOYCE RAY	1.00									•	
DIRECTOR	1 00	X			_		_	0.	0.	0.	
(9) JOHN TYSON	1.00	x						0.	_	0	
DIRECTOR (10) DARCUS BRENEMAN	3.00	^					_	0.	0.	0.	
TREASURER	3.00	x		х				0.	0.	0.	
(11) KATHY KANTER	2.00	┢		Α		$\vdash$	$\vdash$	0.	0.	0.	
VICE PRESIDENT	2.00	X		Х				0.	0.	0.	
(12) KATHERINE NAPIER	2.00	<u> </u>					$\vdash$	0.	0.	<u>.</u>	
DIRECTOR	2.00	X						0.	0.	0.	
21120101		125						•	•		
		1									
	1	$\vdash$	$\vdash$		$\vdash$	$\vdash$	$\vdash$				
		1									
		1									
		1									
		1	I	I	l	I	l	I	I		

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Part VII Section A. Officers, Directors, Trus		oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
(A) (B)				(C	-			(D)	(E)			(F)	
Name and title	Average hours per	Average Position (do not check more						Reportable	Reportable			timate	
	week	box, unless person is both an officer and a director/trustee)						compensation compensation from relate				ount o	DΪ
	(list any	ctor						the	organizations			oensat	ion
	hours for	or dire	e e			ited		organization	(W-2/1099-MIS	C/		om the	
	related organizations	ustee	truste		96	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	anizati d relate	
	below	Individual trustee or director	Institutional trustee		nploye	Highest compensated employee	ъe	1099-NEC)				nizatio	
	line)	Indivi	Institu	Officer	Key employee	Highe emplo	Former						
								.(	7,				
								25					
		L		$\dashv$									
							)	/					
1b Subtotal								50,000.		0.			0.
c Total from continuation sheets to Part V	I, Section A	.,					<b>&gt;</b>	0.		0.			0.
d Total (add lines 1b and 1c)						· · · · · · · ·	<u> </u>	50,000.	000 of war and all a	0.			0.
<ul> <li>Total number of individuals (including but r compensation from the organization</li> </ul>	iot limited to th	ose	liste	d ab	ove	) wn	o re	eceived more than \$100,	UUU ot reportable				0
compensation from the organization	**	)										Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	mplo	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									[	3		X
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or					-						5		Х
rendered to the organization? If "Yes." con Section B. Independent Contractors	ipiete Scriedule	9 J T	or su	icn p	ers	on .					3		-21
1 Complete this table for your five highest co										ensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg wi	th c	or wi	thin T		ear.				
<b>(A)</b> Name and business	address	NO	ONE	C				<b>(B)</b> Description of s	ervices	C	C) omper	s) nsation	1
							$\dashv$						
							_						
							$\dashv$						
O Tatal mush on of index or deal court in the	a alcodia e le ce	-4 "	_!4 -	14				ahawa) wha was short	ave the eve				
2 Total number of independent contractors (i \$100,000 of compensation from the organi	<u>.</u>	ot III	nitec	10 t	hos C		red.	above) who received mo	ore than				
	-										Form \$	990 (2	2021)

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 11,280. c Fundraising events 1c d Related organizations 1d 15,700. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,820,924 1,289,908. 1g |\$ g Noncash contributions included in lines 1a-1f 1,847,904. h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue ..... Total. Add lines 2a-2f Investment income (including dividends, interest, and 325,087 325,087. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... 5 (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 2,031,026. assets other than inventory **b** Less: cost or other basis 1 844 755 Other Revenue and sales expenses c Gain or (loss) 186,271. 186,271. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ \_ 11,280. contributions reported on line 1c). See Part IV, line 18 9,125. **b** Less: direct expenses ..... -9,125 -9,125. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a OTHER 999999 22.870. 22.870. b d All other revenue ..... e Total. Add lines 11a-11d 22,870. 2,373,007. 525,103. Total revenue. See instructions Form 990 (2021) 132009 12-09-21

# Form 990 (2021) SHENANDOAH VALLEY Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	272 622	272 622		
	and domestic governments. See Part IV, line 21	278,620.	278,620.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	50,000.		45,000.	5,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			0	
7	Other salaries and wages	8,853.		7,968.	885
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	4,526.	6	4,073.	453
1	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	9,061.		9,061.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	39,107.		39,107.	
q	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A), amount, list line 11g expenses on Sch O.)	11,459.	7,448.	3,438.	573
2	Advertising and promotion				
3	Office expenses	15,307.	7,653.	7,654.	
4	Information technology				
5	Royalties				
6	Occupancy	2,885.		2,885.	
7	Travel	,		,	
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9 0	Interest	100.		100.	
	Payments to affiliates	100.		1000	
1 2	Depreciation, depletion, and amortization	641.		641.	
	. — Г	1,612.		1,612.	
3	Other expenses. Itemize expenses not covered	1,012.		1,012•	
4	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.)				
а	DUES AND SUBSCRIPTIONS	2,530.	2,530.		
b	FEES AND OTHER	1,770.	,	1,770.	
c		.,			
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	426,471.	296,251.	123,309.	6,911
<u>ა</u> მ	Joint costs. Complete this line only if the organization	120,471	250,251	123,303.	0,511
,	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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13 Investments · program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Secured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties, and other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Net assets without donor restrictions 28 Net assets with donor restrictions 29 Organizations that follow FASB ASC 958, check here □  20 Total liabilities (including federal income tax, payables to related third parties, and complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions 28 Net assets with donor restrictions 29 Organizations that do not follow FASB ASC 958, check here □	Part X	Balance Sheet					
1	•	Check if Schedule O contains a response or no	te to any l	ne in this Part X			
3 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958f(f)1), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 2,126. 389. 10c 11 Investments - publicly traded securities 12 Investments - publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 1 1, 942. 17 18 Grants payable 19 Deferred revenue 20 Tax exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including feedral incorner tox, payables to related third parties 26 Total liabilities not included on lines 17-24). Complete Part X of Schedule D 27 Total liabilities. Add lines 17 through 25 0 Organizations that follow FASB ASC 958, check here    28 Organizations that follow FASB ASC 958, check here							(B) End of year
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 2,126. 389. 10c 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 Intangible assets 15 Other assets. Add lines 1 through 15 (must equal line 33) 9,441,540. 16 17 Accounts payable and accrued expenses 1,942. 17 18 Grants payable 19 Deferred revenue 238,905. 19 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Cyther liabilities (including federal incorie tax, payables to related third parties, and other liabilities not included onlines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 0 Organizations that follow £ASB ASC 958, check here    Total liabilities.	1	Cash - non-interest-bearing				1	
4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 2,126. 389. 10c 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 9,441,540. 16 17 Accounts payable and accrued expenses 1,942. 17 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schadule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Loans and other payable to unrelated third parties 25 Other liabilities (including federal incorne tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 0 Organizations that follow-FASB ASC 958, check here	2	Savings and temporary cash investments	238,649.	2	76,068.		
1989   10	3	Pledges and grants receivable, net		3			
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  11 Investments - publicly traded securities  11 Investments - publicly traded securities  12 Investments - publicly traded securities  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  14 Intangible assets  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  18 Grants payable  20 Tax exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17.24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  7 Total liabilities. Add lines 17 through 25	4	Accounts receivable, net			4		
Controlled entity or family member of any of these persons  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  11 Investments · publicly traded securities  12 Investments · other securities. See Part IV, line 11  13 Investments · other securities. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  1 19 Deferred revenue  20 Tax exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  22 Unsecured notes and loans payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal inboune tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here   27 Total liabilities.	5	Loans and other receivables from any current c	r former o	ficer, director,			
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)  7 Notes and loans receivable, net  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10 Less: accumulated depreciation  11 Investments - publicly traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  1 1,942 · 17  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  22 Unsecured notes and loans payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Total liabilities. Add lines 17 through 25  28 Organizations that follow FASB ASC 958, check here   X		trustee, key employee, creator or founder, subs	tantial cor	tributor, or 35%			
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7 Notes and loans receivable, net	6	Loans and other receivables from other disqual	ns (as defined				
Secured Part   Secu	- 1	****		. , . , , , , , , , , , , , , , , , , ,		6	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10b 2,126.  11 Investments - publicly traded securities  12 Investments - publicly traded securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  22 Secured mortgages and notes payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here	7   يو	Notes and loans receivable, net				7	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10b 2,126.  11 Investments - publicly traded securities  12 Investments - publicly traded securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  22 Secured mortgages and notes payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here	8 8	Inventories for sale or use				8	
basis. Complete Part VI of Schedule D    10a   3,555.     10b   2,126.     13   Investments - publicly traded securities   11     12   Investments - other securities. See Part IV, line 11   9,197,174.   12     13   Investments - program-related. See Part IV, line 11   13     14   Intangible assets   14     15   Other assets. See Part IV, line 11   15     16   Total assets. Add lines 1 through 15 (must equal line 33)   9,441,540.   16     17   Accounts payable and accrued expenses   1,942.   17     18   Grants payable   18     19   Deferred revenue   238,905.   19     20   Tax-exempt bond liabilities   20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   21     22   Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons   22     23   Secured mortgages and notes payable to unrelated third parties   15,700.   24     25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   1,657,230.   25     26   Total liabilities. Add lines 17 through 25   1,913,777.   26     Organizations that follow FASB ASC 958, check here   X	ž   9	Prepaid expenses and deferred charges			5,328.	9	4,613.
11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here	10a	Land, buildings, and equipment: cost or other					
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11 Investments · publicly traded securities 12 Investments · other securities. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here    11 9 , 197, 174 . 12  9 , 197, 174 . 12  9 , 197, 174 . 12  9 , 197, 174 . 12  9 , 197, 174 . 12  14	b	Less: accumulated depreciation	10b	2,126.	389.	10c	1,429.
13 Investments · program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 9,441,540 • 16 17 Accounts payable and accrued expenses 1,942 • 17 18 Grants payable 19 Deferred revenue 238,905 • 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 15,700 • 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,657,230 • 25 26 Total liabilities. Add lines 17 through 25 1,913,777 • 26  Organizations that follow FASB ASC 958, check here    13 14 14 15 15 16 17 18 19 19 19 19 29 441,540 • 16 11 19 238,905 • 19 21 21 22 23 23 24 25 26 27 28 29 20 21 21 22 24 25 26 27 28 29 20 21 21 22 22 23 24 25 26 27 28 29 20 20 21 21 22 22 23 24 25 26 27 28 29 20 20 21 21 22 22 23 24 25 26 27 28 29 20 20 21 21 22 22 23 24 25 26 27 28 29 20 20 21 21 22 22 23 24 25 26 27 28 29 20 20 21 21 21 22 22 23 24 25 26 27 28 29 20 20 21 21 21 22 22 23 24 25 26 27 28 29 29 20 20 21 21 21 22 22 23 24 25 26 27 28 29 20 20 21 21 21 22 22 23 24 25 26 27 28 29 20 20 21 21 21 22 22 23 24 25 26 27 28 28 29 20 20 21 21 21 22 22 23 24 24 25 26 27 28 29 20 20 21 21 21 21 22 22 23 24 24 25 26 27 28 29 20 20 21 21 21 21 21 22 22 23 24 24 25 26 27 28 29 29 20 20 21 21 21 21 22 21 21 22 22 23 24 24 25 26 27 28 28 29 29 20 20 21 21 21 21 21 21 22 22 23 24 24 25 26 27 28 29 20 20 21 21 21 21 21 21 21 21 21 21 21 21 21	11				1	11	
14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 1					9,197,174.	12	12,908,465.
15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  1	13	Investments - program-related. See Part IV, line		13			
16 Total assets. Add lines 1 through 15 (must equal line 33)  17 Accounts payable and accrued expenses  1	14	Intangible assets			5	14	
17 Accounts payable and accrued expenses  1 1,942. 17  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  22 Secured mortgages and notes payable to unrelated third parties  23 Unsecured notes and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here	15	Other assets. See Part IV, line 11			15		
18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here      18							12,990,575.
Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D  Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here					1,942.	17	1,443.
Tax-exempt bond liabilities  20 21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow FASB ASC 958, check here					222 225		156.056
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 21	19	Deferred revenue			238,905.		156,876.
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here						20	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  25 Total liabilities. Add lines 17 through 25  26 Organizations that follow FASB ASC 958, check here	- 1	-				21	
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here	တ္မ 22						
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here	≝						
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow FASB ASC 958, check here	dei						
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1,657,230. 25  26 Total liabilities. Add lines 17 through 25 1,913,777. 26  Organizations that follow FASB ASC 958, check here	_   23				15 500		
parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here					15,700.	24	
of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here							
26 Total liabilities. Add lines 17 through 25	- 1				1 657 330		2 202 000
Organizations that follow FASB ASC 958, check here   X							
organizations that follow PASB ASC 958, check here and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions  Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  Organizations that do not follow FASB ASC 958, check here				<b></b> ▼	1,913,777.	26	2,341,319.
And complete lines 27, 28, 32, and 33.  27 Net assets without donor restrictions  28 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here  and complete lines 27, 28, 32, and 33.  7,527,763.  28  Part of complete lines 20 through 33.	g		eck nere				
27 Net assets without donor restrictions  28 Net assets with donor restrictions  Organizations that do not follow FASB ASC 958, check here	9   G	🔻			7 527 763	07	10,449,256.
Organizations that do not follow FASB ASC 958, check here	<u>ala</u>	***************************************			1,321,103.		10,449,230.
Organizations that do not follow FASB ASC 958, check here	<u>ო</u>   28 Ծ					28	
	[ [	•	າວຮ, cnecl	nere 🖊 🔛			
and complete lines 29 through 33.	رة 100	and complete lines 29 through 33.				20	
29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30	ets						
9 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31	30						
31Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances7,527,763.32	# 31				7 527 763		10,449,256.
32 Total net assets or fund balances 7,527,763 32 33 Total liabilities and net assets/fund balances 9,441,540 33							12,990,575.
33 Total liabilities and thet assets/fund balances	33	Total habilities and her assets/fund balances			J, 441, J4U•	33	Form <b>990</b> (2021)

orm	n 990 (2021) SHENANDOAH VALLEY	**-***8	332	Pag	ge <b>12</b>
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	,373		
2	Total expenses (must equal Part IX, column (A), line 25)	2	426		
3	Revenue less expenses. Subtract line 2 from line 1		,946		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 7	,527		
5	Net unrealized gains (losses) on investments	5	974	.,9!	57.
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 10	,449	, 2!	56.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule C	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	n 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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate b				
	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 a	ıudit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	9 <b>90</b> (	2021)

#### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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.

THE COMMUNITY FOUNDATION OF THE NORTHERN

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

\*\*-\*\*\*8332 SHENANDOAH VALLEY Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (vi) Amount of other (ii) EIN in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)

\*\*-\*\*\*<u>8332</u> Page **2** 

#### (Form 990) 2021 SHENANDOAH VALLEY \*\*-\*\*8 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,						
_	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total			
	Gifts, grants, contributions, and	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(6) 2021	(I) Total			
٠.	membership fees received. (Do not									
	include any "unusual grants.")	2108107.	622.375	749,016.	2165865.	1847904.	7493267.			
2	Tax revenues levied for the organ-	2100107	022,373.	715,010.	2103003.	101/301	74332071			
_	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
Ü	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2108107.	622.375.	749,016.	2165865.	1847904.	7493267.			
5	The portion of total contributions		022,070	, , ,			7 2 2 2 2 7 7			
Ū	by each person (other than a									
	governmental unit or publicly									
	supported organization) included				. (7					
	on line 1 that exceeds 2% of the				16					
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						7493267.			
	tion B. Total Support				)					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
	Amounts from line 4	2108107.	622,375.	749,016.	2165865.	1847904.	7493267.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	117,804.	153,406.	148,779.	123,617.	325,087.	868,693.			
9	Net income from unrelated business	-			-	-				
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	2,970.	7,650.	14,457.	16,426.	22,870.	64,373.			
11	<b>Total support.</b> Add lines 7 through 10						8426333.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stor									
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	88.93 %			
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	90.18 %			
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and			
	stop here. The organization qualifies						► <b>V</b>			
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation						
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets th	ne facts-and-circum	nstances test, chec	ck this box and st	op here. Explain i	n Part VI how the				
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	· •			
						Schedule A	(Form 990) 2021			

# Schedule A (Form 990) 2021 SHENANDOAH VALLEY | 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.)

Se	ction A. Public Support	slow, please comp	nete i ait ii.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	21 <b>(f)</b> Total
	Gifts, grants, contributions, and	. ,	, ,	` '		` ` `	
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	, , , , , , , , , , , , , , , , , , , ,						
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						
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					4	
	the organization without charge						
6	Total. Add lines 1 through 5						
	•						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
K	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	21 <b>(f)</b> Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
Ł	Unrelated business taxable income	101					
	(less section 511 taxes) from businesses	. ( ) (					
	acquired after June 30, 1975						
	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						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	anization,
	check this box and stop here				-		<b>&gt;</b>
Se	ction C. Computation of Publi						
15	Public support percentage for 2021 (li	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2020	Schedule A. Part	III, line 15			16	%
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	21 (line 10c. colur	nn (f), divided by li	ne 13. column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2021. If the					$\overline{}$	
	more than 33 1/3%, check this box ar						▶□
ŀ	33 1/3% support tests - 2020. If the		-				√3% and
	line 18 is not more than 33 1/3%, che	•					
20				•		•	
<u> 20</u>	Private foundation. If the organization	n did flot check a	DOX OIT III 10 14, 19	a, or 190, crieck tr	iis DOX aliu see Ins	structions	

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Schedule A (Form 990) 2021

SHENANDOAH VALLEY

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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,
- 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")? "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?
- 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.
- 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		
3a		
3b		
20		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
10b	000	000:
ule A (Fori	TI 990)	2027

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Yes No

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Schedule A (Form 990) 2021

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SHEN	IANDOAH	VAI	LLEY				

Pai	rt I\	Supporting Organizations (continued)			
				Yes	No
11	Ha	s the organization accepted a gift or contribution from any of the following persons?			
а	Αp	person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	110	c below, the governing body of a supported organization?	11a		
b	A fa	amily member of a person described on line 11a above?	11b		
С	Α3	35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	det	tail in Part VI.	11c		
Sec	tior	n B. Type I Supporting Organizations			
				Yes	No
1	Did	the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ectors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		If the organization operate for the benefit of any supported organization other than the supported			
		panization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		rt VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		pervised, or controlled the supporting organization.	2		
Sec		n C. Type II Supporting Organizations			
				Yes	No
1	We	ere a majority of the organization's directors or trustees during the tax year also a majority of the directors			.,,
•		trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		management of the supporting organization was vested in the same persons that controlled or managed			
		e supported organization(s).	1		
Sec		n D. All Type III Supporting Organizations			
		<u> </u>		Yes	No
1	Dic	the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•		panization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ar, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		panization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2		panization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
			2		
3		organization maintained a close and continuous working relationship with the supported organization(s). reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	-	nificant voice in the organization's investment policies and in directing the use of the organization's			
		ome or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
			3		
Sec	tior	oported organizations played in this regard.  n E. Type III Functionally Integrated Supporting Organizations	3		
1 a		eck the box next to the method that the organization used to satisfy the Integral Part Test during the year <b>(see instructions)</b> .  The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> below.			
b		The organization satisfied the Activities rest. Complete line 2 perow.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	F	The organization is the parent of each of its supported organizations. Complete line 3 pelow.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	tructio-	ıc)	
2	Δct	itivities Test. <b>Answer lines 2a and 2b below.</b>	struction	Yes	No
a		I substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	.40
a		e supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
		ose supported organizations and explain how these activities directly furthered their exempt purposes, with the organization was responsive to those supported organizations, and how the organization determined			
			2a		
b		It these activities constituted substantially all of its activities.  If the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	∡a		
D		e or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		rt VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
•		se activities but for the organization's involvement.	2b		
3		rent of Supported Organizations. Answer lines 3a and 3b below.			
а		If the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
L		stees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		If the organization exercise a substantial degree of direction over the policies, programs, and activities of each	OI-		
	of i	its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2021

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SHENANDOAH VALLI	' V

Sche	indule A (Form 990) 2021 SHENANDOAH VALLEY	. 01	THE NORTHERN	**-***8332 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	•
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):		4/1	
a	Average monthly value of securities	1a	10	
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d (		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	1		
	see instructions).	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	anization (see

Schedule A (Form 990) 2021

instructions).

#### THE COMMUNITY FOUNDATION OF THE NORTHERN

Par	rt V Typ	e III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	ion D - Distri	outions				Current Year
1	Amounts pa	d to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts pa	d to perform activity that directly furthers exemp	ot purposes of supported			
	organization	s, in excess of income from activity			2	
3	Administrati	e expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts pa	d to acquire exempt-use assets			4	
5	Qualified set	aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distrib	utions (describe in Part VI). See instructions.			6	
7	Total annua	distributions. Add lines 1 through 6.			7	
8	Distributions	to attentive supported organizations to which the	ne organization is responsive			
	(provide deta	ills in Part VI). See instructions.			8	
9	Distributable	amount for 2021 from Section C, line 6			9	
10	Line 8 amou	nt divided by line 9 amount	T	ı	10	
Secti	ion E - Distri	oution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable	amount for 2021 from Section C, line 6				
2	Underdistrib	utions, if any, for years prior to 2021 (reason-		()		
	able cause r	equired - explain in Part VI). See instructions.		1		
3	Excess distr	butions carryover, if any, to 2021				
а	From 2016					
b	From 2017			5		
	From 2018					
d	From 2019					
е	From 2020					
f	Total of line	3a through 3e				
g	Applied to u	nderdistributions of prior years	+ 6			
h		021 distributable amount				
<u>   i                                 </u>		om 2016 not applied (see instructions)				
<u>i_</u>		Subtract lines 3g, 3h, and 3i from line 3f.				
4		for 2021 from Section D,				
	line 7:	\$				
		nderdistributions of prior years				
		021 distributable amount				
		Subtract lines 4a and 4b from line 4.  Inderdistributions for years prior to 2021, if				
5	J	t lines 3g and 4a from line 2. For result greater				
		rolain in Part VI. See instructions.				
6		nderdistributions for 2021. Subtract lines 3h				
U		line 1. For result greater than zero, explain in				
	Part VI. See	· Orgenann m				
7		butions carryover to 2022. Add lines 3				
•	and 4c.	ibadions carryover to LULL. Add intes of				
8	Breakdown	of line 7:				
	Excess from					
	Excess from					
	Excess from					
	Excess from					
	Excess from					

Schedule A (Form 990) 2021

# THE COMMUNITY FOUNDATION OF THE NORTHERN

Schedule A	(Form 990) 2021	SHENANDOAH				**-***8332 Page 8
Part VI	line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV, 9	6, 9a, 9b, 9c, 11a Section E, lines 1	a, 11b, and 11c; Part IV, c, 2a, 2b, 3a, and 3b; Pa	Section B, lines 1 art V, line 1; Part V	and 2; Part IV, Section C, , Section B, line 1e; Part V,
	(See instructions.)					
					_	
					10	
					<u>),                                     </u>	
				<u> </u>	)	
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		10				
		<u>*</u>				

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#### **SCHEDULE D** (Form 990)

#### **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

Department of the Treasury Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF THE NORTHERN

Inspection **Employer identification number** 

\*\*-\*\*\*8332 SHENANDOAH VALLEY Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line	6.		
		(a) Donor advised funds	<b>(b)</b> Fun	ds and other accounts
1	Total number at end of year	39		
2	Aggregate value of contributions to (during year)	1,428,683.		
3	Aggregate value of grants from (during year)	151,192.		
4	Aggregate value at end of year	4,514,945.		
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor advised	funds	
	are the organization's property, subject to the organization's ex			X Yes No
6	Did the organization inform all grantees, donors, and donor adv	0 0	,	
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose co	nferring	
Pai				
			rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·		incomparison the second second
	Preservation of land for public use (for example, recreation			important land area
	Protection of natural habitat	Preservation of a	certilled his	storic structure
2	Preservation of open space  Complete lines 2a through 2d if the organization held a qualifier	d concernation contribution in the form of	0.00000000	tion accoment on the last
2	day of the tax year.	d conservation contribution in the form of	a conserva	Held at the End of the Tax Year
а	Total number of conservation easements		2a	Tiola at the Ella of the Tax Tour
b				
c	Number of conservation easements on a certified historic struc	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aft			
-	listed in the National Register			
3	Number of conservation easements modified, transferred, release			during the tax
_	year >	,	J	g
4	Number of states where property subject to conservation ease	ment is located >		
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conser	vation ease	ments during the year
	<b>—</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	n easement	ts during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(-	4)(B)(i)	
				Yes No
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statement	ts that desc	cribes the
Dai	organization's accounting for conservation easements.  TIII Organizations Maintaining Collections of A	Art Historical Treasures or Othe	ar Simila	r Accate
Fai	Complete if the organization answered "Yes" on Form 9		51 Sillilla	ASSELS.
			l balanaa ah	and works
ıa	If the organization elected, as permitted under FASB ASC 958, of art, historical treasures, or other similar assets held for public	•		
	service, provide in Part XIII the text of the footnote to its financial		ierarice or p	Jublic
b	If the organization elected, as permitted under FASB ASC 958,		ance sheet	works of
b	art, historical treasures, or other similar assets held for public e	•		
	provide the following amounts relating to these items:	Armshort, education, or research in farther	arice or pur	Silo Sel vice,
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	***		_	Ψ \$
2	If the organization received or held works of art, historical treas			*
_	the following amounts required to be reported under FASB ASC		, provide	
а	Revenue included on Form 990, Part VIII, line 1	_	•	\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions f			Schedule D (Form 990) 2021

THE COMMUNITY FOUNDATION OF THE NORTHERN Schedule D (Form 990) 2021 SHENANDOAH VALLEY Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program а Scholarly research Other b Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Nο **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year e Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (c) Two years back (d) Three years back (b) Prior year (e) Four years back (a) Current year 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment **b** Permanent endowment ▶ Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes Nο (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value depreciation basis (investment) basis (other) 1a Land

Schedule D (Form 990) 2021

1,429.

1,429.

3,555.

2,126.

b Buildingsc Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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~ * * * * * * * *	NDOAH	773 T T	777
$\leq$ H H N $\Delta$		V Δ I . I .	H: V

(a) Description of security or category vectodary remo of security (b) Book value (c) Method of valuation: Cost or end of year market value (1) Francial certification answered "Yea" on Form 990, Part X, line 15.  (a) Description of Investment (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end of year market value (c) Method of valu	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	-of-year market value
(3) Other   (4) SROKERAGE ACCUNT WITH   (8) MASON INVESTMENT ADVISORY   (C) SERVICE   (D)   (D	(1) Financial derivatives			
ABROKERAGE ACCOUNT WITH				
(g) MASON INVESTMENT ADVISORY (C) SERVICE (D) (E) (E) (F) (G) (G) (H) (F) (G) (G) (H) (F) (G) (G) (H) (F) (F) (G) (G) (G) (H) (H) (F) (G) (G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(C) SERVICE   12,908,465.   END-OF-YEAR MARKET VALUE   (D)				
(C) (E) (F) (G) (H) (G) (H) (Total. (Col.(b) must equal form 990, Part X, col. (B) line 12.) ▶ 12,908,465.    Fart VIIII   Investments - Program Related.				
(E)   (F)	(C) SERVICE	12,908,465.	END-OF-YEAR MARKET	VALUE
(F) (G) (G) (G) (H) (F) (G) (G) (G) (H) (F) (G) (G) (H) (F) (H) (F) (H) (F) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 12,908,465.    Part VIIII   Investments - Program Related.   Compete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuations. Cost or end-of-year market value   (1)   (2)   (3)   (4)   (6)   (6)   (7)   (8)   (9)   (9)   (10)				
Complete if the organization answered "Yes" on Form 990, Part V, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" on Form 990, Part V, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered "Yes" on Form 990, Part V, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part V, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.   Complete				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation. Cost or end-of-year market value   (1)		10 000 155		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) (c) (d) (e) (f) (f) (e) (f) (g) (g) (g) (g) (g) (g) (h) Book value (h)		12,908,465.		
(a) Description of investment (b) Book value (c) Method of valuations, Cost or end of year market value (1)				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part X  Other Assets.   Complete if the organization answered "Yes" on Form 990, Part X, line 11d. See Form 990, Part X, line 15.  (a) Description   (b) Book value   (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   ▶   Part X  Other Liabilities.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability   (b) Book value   (1) Federal income taxes   (a) Description of liability   (b) Book value   (1) Federal income taxes   (a) Description of liability   (b) Book value   (5) (6) (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   2,383,00				
(2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (6) (6) (7) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (6) (6) (7) (7) (8) (9) (9) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (6) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (5) (5) (6) (7) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (9) (1) (1) (1) (2) (2) (2) (3) (4) (5) (4) (5) (5) (6) (7) (6) (6) (7) (7) (8) (9) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (4) (5) (5) (6) (7) (6) (6) (7) (7) (8) (9) (7) (8) (9) (1) (1) (1) (1) (2) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8		(b) Book value	(c) Method of valuation: Cost or end-	-of-year market value
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Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.           1. (a) Description of liability         (b) Book value           (1) Federal income taxes         2,383,00           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (2,383,00)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		- 45)		
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(9)  Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.)  ∠ , 383 , 00				
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)   ▶ 2,383,00				
				2 303 000

132053 10-28-21

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) 2021

THE COMMUNITY FOUNDATION OF THE NORTHERN \*\*-\*\*\*8332 Page 4 Schedule D (Form 990) 2021 SHENANDOAH VALLEY Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,308,857. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 974,957 2a **b** Donated services and use of facilities 2b c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 974,957. Add lines 2a through 2d 2e 2,333,900. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 39,107. Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 39,107. c Add lines 4a and 4b 4c 2,373,007. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 387,364. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments 2h d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 387,364. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 39,107. a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) 39,107. c Add lines 4a and 4b 4c 426,471. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

132054 10-28-21 Schedule D (Form 990) 2021

# SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Department of the Treasury Internal Revenue Service Part I General Information on Grants and Assistance THE COMMUNITY FOUNDATION OF THE NORTHERN SHENANDOAH VALLEY ► Go to www.irs.gov/Form990 for the latest information. Employer identification number \*\*-\*\*8332

▼ 0.					1 table	s listed in the line	Enter total number of other organizations listed in the line 1 table	3 <u>E</u>
▼ 10.				e line 1 table	rganizations listed in th	nd government o	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	<b>2</b>
CHARITABLE FUND			0.	6,507.	_**_*568450(3)	*: **		54914
CLARK AND WYATT							LAWRENCE STREET - APPLETON, WI	LAWREN
							VALLEY REGION, INC 4455 W	VALLEY
							COMMUNITY FOUNDATION FOR THE FOX	COMMUN
REES FUND			0.	9,500.	_**_*561QQD(3)	••*:*—**	FRONT ROYAL, VA 22630	FRONT
FUND, PAUL AND MARTHA		<					316 N ROYAL AVE.	316 N
JOELLEN MCNEAL FAMILY		X					LUKE COMMUNITY CLINIC	ST. LU
DR. CRAIG ZUNKA AND								
FAMILY YOUTH FUND			0.	7,500.	-*501000p(3)	••*:*—**-	WINCHESTER, VA 22601	WINCHE
FAMILY GIFT FUND, COCHRAN							200 WEEMS LANE	200 WE
GERALD AND KAYE SMITH							ZARE	ABBACARE
CARTER FUND		•	0	8,000.	_**_* <u>\$</u> \$\$\$1@6(3)	• * . * _ * *	VOOD, VA 22646	MILLWOOD,
FUND, JACK AND PAGE							X 153	PO BOX 153
HARRY F. BYRD, JR. FAMILY			<u>ر</u>	<			CUNNINGHAM CHAPEL PARISH	CUNNIN
GRETCHEN T. BYRD AND								
FAMILY FUND, PAUL AND			0.	6,100.	-**- <b>*</b> 50BQOB(3)	*: *	WINCHESTER, VA 22601	WINCHE
AND HARRY F. BYRD, JR.							301 N. CAMERON STREET SUITE 100	301 N.
FUND, GRETCHEN T. BYRD				C			SINCLAIR HEALTH CLINIC	SINCLA
CRAIG - SHULL FAMILY								
JACK AND PAGE CARTER FUND			0.	45,034.	••*:*—**-*******************************	***	CVILLE, VA 22611	BERRYVILLE
BARNS OF ROSE HILL FUND,				)			OX 738	РО ВОХ 738
ROBERT & GENEVIEVE BOXLEY							BARNS OF ROSE HILL	BARNS
טן מטוטנמווסט	ומוסמון מסוסנמווסס	FMV, appraisal, other)	assistance	Caoil Braile	(ii abblioable)		or government.	
(h) Purpose of grant	(g) Description of	<b>(f)</b> Method of valuation (book,	(e) Amount of	(d) Amount of	(c) IRC section	(b) EIN	1 (a) Name and address of organization	1 (2
IV, line 21, for any	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any eded.	anization answered "Y	omplete if the orga	Governments. Conal space is neede	nizations and Domestic n be duplicated if additi	Domestic Organ \$5,000. Part II ca	II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Correcipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Part II
			States.	funds in the United	itoring the use of grant	cedures for mor	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	<b>2</b> D
X Yes No		. ,	,		,	stance?	criteria used to award the grants or assistance?	Ω
ā	grants or assistance, and the selection		grantees' eligibility	or assistance, the o	ne amount of the grants	o substantiate tl	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the	<b>1</b> D

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HHA

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

AREA - 301 N. CAMERON ST., STE. LITERACY VOLUNTEERS WINCHESTER FRONT ROYAL, VA 22630 80 NORTH LAKE AVENUE NEW HOPE BIBLE CHURCH S. KENT ST - WINCHESTER, VA 22601 PROJECT OF WINCHESTER (CCAP) - 112 CONGREGATIONAL COMMUNITY ACTION DEER ISLE, ME 04267 PO BOX 523 102 - WINCHESTER, VA 22601 ISLAND WORKFORCE HOUSING Schedule I (Form 990) Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of organization or government \*:\*\_\_\* \*:\*|\*\* \*:\*|\*\* \*:\*\_\_\* **(b)** EIN \*50BQG9(3) \*<u>50500</u>7(3) 501406D(3) (c) IRC section if applicable (d) Amount of cash grant 11,000. 24,500 7,500. (e) Amount of noncash 0 0 0 . appraisal, other) (f) Method of valuation (book, FMV, (g) Description of non-cash assistance HARRY F. BYRD, JR. FAMILY GRETCHEN T. BYRD AND GRETCHEN T. BYRD AND COUNTY STRONGER TOGETHER HARRY F. BYRD, JR. FAMILY ASSISTANCE PROGRAM, COMMUNITY CONSULTING AND FUND, BERDIS WILKERSON WEDNESDAY GROUP WARREN JACK AND PAGE CARTER FUND AMILY FUND **(h)** Purpose of grant or assistance

Page 2

Schedule I (Form 990) 2021 SHENANDOAH VALLEY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>&amp;</b>					
	S				
		·C			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ired in Part I, line	2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
THE ORGANIZATION USES DUE DILIGENCE	PROCEDURES	NI	GRANT MAKING	PROCEDURES	
AND SCHOLARSHIP MAKING PROCEDURES.			7	S	
				2	
PART II, LINE 1, COLUMN (H):				<	
NAME OF ORGANIZATION OR GOVERNMENT:	SINCLAIR	HEALTH	CLINIC		
(H) PURPOSE OF GRANT OR ASSISTANCE:	CRAIG -	SHULL FAM	FAMILY FUND,	GRETCHEN	
T. BYRD AND HARRY F. BYRD, JR. FAMI	FAMILY FUND,	PAUL AND MARTHA	MARTHA REES	S FUND	

132102 10-26-21

Schedule I (Form 990)

#### **SCHEDULE L**

(Form 990)

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

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Part I							ion 501(c)(4), and se								
	Complete if the	organizatior I					art IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.	1, 5	0	-110
1 (a) Na	me of disqualified	person	(b) ⊢	Relationship betw person and or			ified (	c) De	escription of tran	sactio	n				cted?
				porcorr and or	9411120								<b>+ Y</b>	es	No
													+	$\dashv$	
													+	$\dashv$	
													+	$\neg$	
2 Enter	the amount of tax	incurred by	the or	rganization mana	agers (	or disc	jualified persons dur	ring t	he year under						
section	on 4958									١,	▶ \$				
<b>3</b> Enter	the amount of tax,	if any, on li	ne 2, a	above, reimburse	ed by ·	the or	ganization			1	▶ \$				
Dowt II	Lagrata	d/au Fuan	- I	avected Dave					-11-						
Part II	Loans to and							_							
	•	-					, Part V, line 38a or I	Form	990, Part IV, lin	e 26; (	or if th	e orga	nizatio	on	
	reported an amo	(b) Relation		(c) Purpose		an to or	(e) Original	14	Balance due	10	\ ln	<b>(h)</b> Ap	proved	(i) \A	/ritten
	rested person	with organi		of loan	fron	n the zation?	principal amount	V (a	Balance due		) In ault?	by bo	ard or	(1 <i>)</i>	ment?
	·					From				Yes	No	Yes	No	Yes	Т
					10	110111		T		103	110	103	110	103	110
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								$\vdash$							_
			4												
Part III	Grants or As	ssistance	Ben	efiting Intere	estec	l Per	▶ \$ sons.								
1 41 111	Complete if the			_											
(a) N	Name of interested			(b) Relationship			(c) Amount of		(d) Type	of		(e	) Purp	ose of	f
(,			.   .	interested pers	on and		assistance		assistan				assista		
				the organiza	ation										
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Schedule L (Form 990) 2021

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ansactio	ne Inv	olvina Inte	reste	<u> </u>	Persons		
	SHEN	ANDOAH	VAL	ιL	EY		
				_	001101111011	<b>-</b>	 

(a) Name of interested person	(b) Relationship between interest person and the organization		(c) Amount of transaction	(d) Description of transaction		
					Yes	No
ATHARINE H WEISS	WIFE OF LAWRENCE	WE	8,853.	EMPLOYEE OF		Х
Det VI Construction of the Construction						
Supplemental Information.  Provide additional information for resp	onses to questions on Schedule I	_ (see in	structions).			
CH L, PART IV, BUSINESS T	RANSACTIONS INVO	VIN	G INTEREST	D PERSONS:		
A) NAME OF PERSON: CATHAR	INE H WEISS					
B) RELATIONSHIP BETWEEN I	NTERESTED PERSON	AND	ORGANIZATI	ON:		
IFE OF LAWRENCE WEISS	•	$\mathcal{M}$	)			
D) DESCRIPTION OF TRANSAC	TION: EMPLOYEE OF	THI	E ORGANIZAT	ION		
	.5					
	110					
*						
						$\overline{}$

# SCHEDULE M (Form 990)

#### **Noncash Contributions**

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

**2021** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

THE COMMUNITY FOUNDATION OF THE NORTHERN SHENANDOAH VALLEY

Employer identification number \*\*-\*\*\*8332

Par	't I │ Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin		s
1	Art - Works of art		Troine continuation	romess, rain viii, iiis rg				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	15	1,289,908.	FAIR MARKET	VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures			<b>(</b> )				
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy		, v					
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	11.						
25	Other (							
26	Other (	•						
27	Other (							
<u>28</u>	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement <b>29</b>			· ·	·
	Desired the control of the control o			and a distance of the second state of the second	l- 00 4b-4 4		Yes	No
30a	During the year, did the organization receive by		,, , , ,	,	*			
	must hold for at least three years from the date			•		200		Х
h	exempt purposes for the entire holding period?  If "Yes," describe the arrangement in Part II.					30a		
31	Does the organization have a gift acceptance p	olicy that re	acuires the review (	of any nonstandard contribut	ions?	31		Х
	Does the organization have a girt acceptance p				ions:	31		
oza	contributions?		_	• •		32a	$\mid x \mid$	
b	If "Yes," describe in Part II.					0Za		
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	/ for which column (a) is chec	cked.			
	describe in Part II.	(0)	, p ()					

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

Schedule M (Form 990) 2021

#### THE COMMUNITY FOUNDATION OF THE NORTHERN

Schedule M (Form 990) 2021 SHENANDOAH VALLEY	**-***8332	Page 2
<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination part for any additional information.	and whether the organiza nation of both. Also comp	ition
SCHEDULE M, LINE 32B:		
STOCK DONATIONS ARE SENT DIRECTLY TO MASON INVESTMENT ADVI	SORY SERVICE	
WHO PROCESSES THE SALE.		
	)	
$\sim$		

Schedule M (Form 990) 2021

132142 11-17-21

#### **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

THE COMMUNITY FOUNDATION OF THE NORTHERN

**Employer identification number** \*\*-\*\*\*8332 SHENANDOAH VALLEY

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DONORS AND COMMUNITY PARTNERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE GOVERNING BOARD AUTHORIZES THE PRESIDENT OF THE ORGANIZATION TO SIGN
AND FILE THE FORM 990 ON THEIR BEHALF. ELECTRONIC COPIES OF THE FORM ARE
EMAILED TO MEMBERS OF THE GOVERNING BOARD FOR THEIR REVIEW AND DISCUSSION
AT THE NEXT BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REQUIRES DISCLOSURE OF CONFLICTS, VOTES ON WHETHER TO
ALLOW THE TRANSACTION, AND REGULARLY REVIEWS CONFLICTS OF INTERESTS.
FORM 990, PART VI, SECTION C, LINE 19:
ALL OF THE ORGANIZATION'S PERTINENT DOCUMENTS ARE LOCATED IN THE OFFICE AND
ARE AVAILABLE FOR REVIEW BY ANY MEMBER OF THE PUBLIC REQUESTING TO SEE
THEM.

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

Schedule O (Form 990) 2021