** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2020 calendar year, or tax year beginning a	nd ending				
B	Check if	C Name of organization MEMORIAL FOUNDATION OF THE GERMANNA		D Employer identifie	cation number		
	¬Addre:						
	_∫chang ¬Name			F4 6040E	0.5		
F	chang □Initial	Doing business as GERMANNA FOUNDATION	T	54-60485			
	return □Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 540-423-			
	∟return/						
	termin ated			G Gross receipts \$	751,495.		
	return □Applic	LOCUST GROVE, VA 22508-0279		H(a) Is this a group re			
	tion pendir	F Name and address of principal officer: ALLIA HOFFINAN		for subordinates			
_		SAME AS C ABOVE	🗖	H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)	(1) or 527	¬	list. See instructions		
		te: WWW.GERMANNA.ORG	1,	H(c) Group exemptio			
	orm of	organization: X Corporation	L Year	of formation: 1930 N	M State of legal domicile: VA		
Г			MTCCTC		OM 2 MIN 2		
é	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ FOUNDATION IS TO TELL AMERICA'S STORY O	MISSIC	N OF THE GET	TIE ZMAMNA		
anc	l						
Governance	l	Check this box if the organization discontinued its operations or dis			sets.		
30				3	17		
જ		Number of independent voting members of the governing body (Part VI, line 1b			10		
ties		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			36		
Activities &		Total number of volunteers (estimate if necessary)			0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
	B	Net unrelated business taxable income from Form 990-1, Fait i, line 11	<u></u>	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		1,115,979.	707,535.		
ine	1			98,018.	8,505.		
Revenue	I .	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,936.	15,079.		
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,607.	15,494.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		1,228,540.	746,613.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		265,243.	329,774.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ber	b	Total fundraising expenses (Part IX, column (D), line 25)	706.				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		403,820.	255,159.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		669,063.	584,933.		
	19	Revenue less expenses. Subtract line 18 from line 12		559,477.	161,680.		
Net Assets or			В	eginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		3,447,115.	3,657,164.		
ASS	21	Total liabilities (Part X, line 26)		28,622.	27,076.		
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		3,418,493.	3,630,088.		
Pa	art II	Signature Block					
		lties of perjury, I declare that I have examined this return, including accompanying sched			knowledge and belief, it is		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which preparer	r has any knowledge.			
		Signature of officer		Data			
Sig		· -		Date			
Her	е	STEPHEN D. CHANKO, TREASURER Type or print name and title					
				Date Check	PTIN		
De!		Print/Type preparer's name Preparer's signature		if L			
Paid		JAYME MIKA Firm's name ► KEITER,STEPHENS,HURST,GARY & S:	ם האנוהם	self-employ	ed <u>P00852731</u> 54-1631262		
	narer	Firm's name KEITER, STEPHENS, HURST, GARY & S. Firm's address 4401 DOMINION BLVD	TIVEWAPP	, PC Firm's EIN ▶	74-T03T707		
use	Only	GLEN ALLEN, VA 23060		Dhana na / Q	04)747-0000		
	, the IF	-		j Priorie no. (O			
ivid	/ urie li	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Fai	Tim Statement of Frogram Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE GERMANNA FOUNDATION IS TO TELL AMERICA'S STORY OF
	LIBERTY THROUGH THE FRONTIER EXPERIENCE OF HER SETTLERS AND
	DESCENDANTS USING ARCHAEOLOGICAL, HISTORICAL, AND GENEALOGICAL
	RESEARCH AND INTERPRETATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	
	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 \$148,882. including grants of \$) (Revenue \$176,518.)
	SINCE 1956, THE GERMANNA FOUNDATION HAS OWNED AND MANAGED ABOUT 176
	ACRES OF RIPARIAN DECIDUOUS FOREST CALLED SIEGEN FOREST LOCATED BETWEEN
	THE RAPIDAN RIVER AND VIRGINIA ROUTE 3 (GERMANNA HIGHWAY) IN ORANGE
	COUNTY, VIRGINIA. THE GERMANNA FOUNDATION DEVELOPED HIKING TRAILS ON
	THE LAND WITH THE ASSISTANCE OF SKILLED PROFESSIONALS AND DEDICATED
	VOLUNTEERS, INCLUDING AREA BOY SCOUTS. THE GERMANNA FOUNDATION IS
	COMMITTED TO WISE STEWARDSHIP OF THIS HISTORIC AREA BY WORKING WITH THE
	COMMONWEALTH OF VIRGINIA AND PRIVATE-SECTOR CONSERVATION GROUPS, AS
	WELL AS MAKING THE EDUCATIONAL VALUE OF THIS HISTORIC SITE AVAILABLE TO
	THE PUBLIC.
	THE GERMANNA FOUNDATION'S FORT GERMANNA VISITOR CENTER (VISITOR CENTER)
4b	(Code:) (Expenses \$ 179,146. including grants of \$) (Revenue \$ 106,903.)
	IN OCTOBER 2013, THE GERMANNA FOUNDATION ACQUIRED A 62.2 ACRE TRACT OF
	LAND SITUATED IN THE GORDON DISTRICT OF ORANGE COUNTY, VIRGINIA FROM
	THE COMMONWEALTH OF VIRGINIA, WHICH HAD BEEN MANAGED BY THE UNIVERSITY
	OF MARY WASHINGTON (UMW). THIS LAND CONTAINS THE ARCHAEOLOGICAL SITE OF
	FORT GERMANNA AND ALEXANDER SPOTSWOOD'S "ENCHANTED CASTLE." THIS
	PROPERTY IS PROTECTED BY A CONSERVATION EASEMENT DONATED BY THE
	GERMANNA FOUNDATION TO THE VIRGINIA DEPARTMENT OF HISTORIC RESOURCES
	(DHR).
	(DRK).
	THE GERMANNA FOUNDATION'S ARCHAEOLOGY PROGRAM HAS PARTNERED WITH DR.
	BERNARD MEANS (FACULTY MEMBER OF THE ANTHROPOLOGY DEPARTMENT AND SCHOOL
	OF WORLD STUDIES AT VIRGINIA COMMONWEALTH UNIVERSITY), SINCE 2016. THE
4c	(Code:) (Expenses \$
	IN OCTOBER 2000, THE GERMANNA FOUNDATION ACCEPTED STEWARDSHIP OF
	SALUBRIA, AN 18TH CENTURY GEORGIAN STYLE MANSION WITH 19.6 ACRES OF
	WOODED GROUNDS AND A TERRACED BOXWOOD GARDEN LOCATED IN CULPEPER
	COUNTY, VIRGINIA IN ORDER TO PRESERVE THIS HISTORIC PROPERTY AND
	LEGACY. THIS PROPERTY IS ALSO PROTECTED BY A CONSERVATION EASEMENT HELD
	BY DHR.
	SALUBRIA DOES OFFER TOURS FOR INDIVIDUALS AND SMALL GROUPS BY
	APPOINTMENT ONLY APRIL THROUGH OCTOBER.
	IN 2019, THE GERMANNA FOUNDATION CONDUCTED A SYSTEMATIC SHOVEL-TEST
	SURVEY OF THE ENTIRETY OF ITS 19.5 ACRES TRACT AT SALUBRIA IN CULPEPER
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 6,620 • including grants of \$) (Revenue \$ 0 •)
4e	Total program service expenses ► 372,756.
_	Form 990 (2020)

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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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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			
•	similar amounts as defined in Revenue Procedure 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	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	├°		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		х
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	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	i		T -
	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,"	. <u>. </u>		 -
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21				x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

MEMORIAL FOUNDATION OF THE GERMANNA COLONIES IN VIRGINIA, INC.

Form 990 (2020)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	- 1.2		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see 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		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	20		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		х
34	sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i>	33		
. T	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

032004 12-23-20

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	- Commission				Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				103	110				
	filed for the calendar year ending with or within the year covered by this return	2a	10							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		•	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 constitution become lated the circumstate of \$4,000 and the circumstate of \$4,000 and the circumstate of \$1,000 and th			За		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ty over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	t)?	4a		_X_				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).							
5а	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	, ,									
6a										
	any contributions that were not tax deductible as charitable contributions?									
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible? 7. Organizations that may receive deductible contributions under section 170(c)									
7	Organizations that may receive deductible contributions under section 170(c).			_		v				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		_ <u>X</u> _				
b	, , , , , , , , , , , , , , , , , , , ,		uirod	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?	as requ	illed	7c		Х				
d	IS NOT THE PERSON OF THE PERSO	7d	 	70						
e										
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h										
8										
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:		ı							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	1	I							
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	<u> </u>	120						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120								
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
-	Note: See the instructions for additional information the organization must report on Schedule O.			100						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b						
15										
	excess parachute payment(s) during the year?									
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incon	ne?	16		<u>X</u>				
	If "Yes," complete Form 4720, Schedule O.									

COLONIES IN VIRGINIA, INC. 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 C). See ii	nstructions.								
	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management										
						Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	:	17[
	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	17							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other								
	officer, director, trustee, or key employee?				2		Х				
3	Did the organization delegate control over management duties customarily performed by or under th			.							
·	of officers, directors, trustees, or key employees to a management company or other person?				3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form S				4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass			··· ⊢	5		X				
	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately an electron and the power to elect or approximately approximately and the power to elect or approximately approximately approximately and the power to elect or approximately ap			··	6		X				
74	more members of the governing body?			١.	7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			·	ı a						
b				١.	7b		Х				
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			. –	,,,						
		-	•	١,	8a	Х					
a	The governing body? Each committee with authority to act on behalf of the governing body?				8b	X					
b				∵ ├'	OD	-21					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				9		Х				
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		- 21				
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>evenue</u>	Coae.)			Yes	Na				
100	Did the expenization have local chapters, branches, or effiliates?			T ₄	l0a	162	No X				
	Did the organization have local chapters, branches, or affiliates?			··	ua						
b	If "Yes," did the organization have written policies and procedures governing the activities of such changes to appropriate and procedures governing the activities of such changes are appropriately as a consistent with the constant	•			Oh.						
44-			a filip a tha farm?		0b	Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y belor	e illing the form?		1a						
b 40-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				0-	Х					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				2a 2b	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			··· ├¹	20	Λ					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	,		١,		х					
40	in Schedule O how this was done			. —	2c	X					
13	Did the organization have a written whistleblower policy?				13 14	X					
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 approve	ai by ind	aependent								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					Х					
a	The organization's CEO, Executive Director, or top management official				5a		Х				
a	Other officers or key employees of the organization			·]	5b		Λ				
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger						v				
	taxable entity during the year?			٠ ٢	6a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ										
800	exempt status with respect to such arrangements?			. 1	6b						
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed VA	1.000	T (0 11 -0:11	\ (O)							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	na 990	· I (Section 501(c)(3)s o	nıy) a	avaılal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain		,	_							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy,	and fir	nanc	ıal					
	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 boundary or construction of the person who possesses the organization's boundary or construction of the person who possesses the organization's boundary or construction or const	oks and	records								
	THE ORGANIZATION - 540-423-1700 P.O. BOX 279 LOCUST GROVE VA 22508										
	P.O. DOX 2/9 GOUDT GROVE VA 225UX										

<u> Page</u> **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l		((C)		iour	(D)	(E)	(F)
Name and title	Average		Position (do not check more than one box, unless person is both an					Reportable	Reportable	Estimated
	hours per week		, unle: cer ar					compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ruste			seusa		(W-2/1099-MISC)		organization
	organizations	ıal tru	onal t		ploye	l mos				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TIMOTHY SUTPHIN	40.00	드	드	ō	<u>~</u>	포함	포			
EXECUTIVE DIRECTOR	10.00			x				95,000.	0.	0.
(2) KEITH HOFFMAN - STARTED 11/20	10.00							20,000		
PRESIDENT		Х		х				0.	0.	0.
(3) BRUCE L. DAVIS	5.00									
FIRST VP		Х		Х				0.	0.	0.
(4) KRISTIE KENDALL	6.00									
SECOND VP		Х		Х				0.	0.	0.
(5) J. CRAIG KEMPER, JR.	8.00									
SECRETARY		Х		X				0.	0.	0.
(6) STEPHEN CHANKO	16.00									
TREASURER		Х		X				0.	0.	0.
(7) ANN GREEN BAISE - ENDED 11/20	3.00									
TRUSTEE		Х						0.	0.	0.
(8) DR. WILLIAM KELSO	3.00									
TRUSTEE		Х						0.	0.	0.
(9) MEGAN BETH LOTT	3.00								•	•
TRUSTEE	2 22	Х						0.	0.	0.
(10) RAYMOND POOLE - ENDED 11/20	3.00								•	•
TRUSTEE	4 00	Х						0.	0.	0.
(11) BARBARA PRICE	4.00	37							0	0
TRUSTEE	2 00	Х						0.	0.	0.
(12) PROF. HORST SCHMIDT-BOCKING TRUSTEE	3.00	Х						0.	0.	0
(13) MARISA BASCOPE	3.00	Λ						0.	0.	0.
TRUSTEE	3.00	Х						0.	0.	0.
(14) JOHN BERGHOLZ	3.00	Λ						0.	0.	<u></u>
TRUSTEE	3.00	Х						0.	0.	0.
(15) CATHI CLORE FROST	30.00	22						0.	.	<u></u>
TRUSTEE	30.00	Х						0.	0.	0.
(16) ELLIS HITT	3.00									
TRUSTEE		х						0.	0.	0.
(17) MICHAEL MAIBACH	3.00									
TRUSTEE		Х						0.	0.	0.
032007 12-23-20			•		•		•			Form 990 (2020)

032007 12-23-20

Form **990** (2020)

Part VII Section A. Officers, Directors, Tru		ploye	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		1 than (one	Reportable	Reportable			timate	
	hours per week					s both or/trus		compensation	compensatio		l	ount o	of
	(list any) (i)		T	T	100,	from	from related		l	other	lian
	hours for	direct						the organization	organizations (W-2/1099-MIS			oensat om the	
	related	e 01 (stee			ısatec		(W-2/1099-MISC)	(** 27 1033 14110	,0,	l	anizati	
	organizations	truste	al tru:		yee	im per		(11 2) 1300 11110 0)				l relate	
	below	Individual trustee or director	Institutional trustee	la e	Key employee	Highest compensated employee	er e				orga	nizatio	ons
	line)	Indiv	Instit	Officer	Key e	High	Former						
(18) VOLKER SCHUETTENHELM	3.00												
TRUSTEE		Х						0.		0.			0.
(19) J. MARC WHEAT	7.00	1											
TRUSTEE		X						0.		0.			0.
(20) LINDA REYNOLDS	4.00	1											
TRUSTEE		X						0.		0.			0.
		1											
		1											
		1											
		1											
		Ш											
		1											
		1											
1b Subtotal							ightharpoons	95,000.		0.			0.
c Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	95,000.		0.			0.
2 Total number of individuals (including but	not limited to th	iose l	liste	d ab	oove) wh	o re	eceived more than \$100,	000 of reportable	:			
compensation from the organization											-		(
												Yes	No
3 Did the organization list any former office	r, director, trust	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3	\rightarrow	X
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	0,000? If "Yes,	," coi	mple	ete S	Sche	edule	J f	for such individual			4	_	X
5 Did any person listed on line 1a receive or	accrue comper	nsatio	on fr	om	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes," col	mplete Schedul	e J fo	or su	ıch ı	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest of	ompensated ind	deper	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensa	tion fro	m	
the organization. Report compensation for	the calendar y	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)				_				(B)		_	(C		
Name and busines	s address	NC	ONE	<u> </u>				Description of s	ervices		comper	sation	1
							_						
							_						
							_						
							_						
2 Total number of independent contractors	including but n	ot lin	nited	d to	thos	se lis	ted	above) who received me	ore than				

Form **990** (2020)

Form 990 (2020) COLONIE
Part VIII Statement of Revenue

	16 41		ar note to envilin	o in this Dort \/III			
		Check if Schedule O contains a response	e or note to any iin	e in this Part VIII	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns1a	20 522				
Sra Iou	b	Membership dues1b	30,533.				
S, C	С	Fundraising events 1c					
ar,	d	Related organizations 1d					
S, C	е	Government grants (contributions) 1e					
<u>e</u> is	f	All other contributions, gifts, grants, and					
je je		similar amounts not included above 1f	677,002.				
풀	a	Noncash contributions included in lines 1a-1f	-				
Sor	h	Total. Add lines 1a-1f		707,535.			
<u> </u>		Total / Ida III los Ta Ti	Business Code	70.7000			
_	0.0	ANNUAL REUNION/CONFERE	561500	8,505.	8,505.		
<u>i</u>	2 a		301300	0,303.	0,303.		
e er	b						
n en	С	·					
rar Se	d						
Program Service Revenue	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f		8,505.			
	3	Investment income (including dividends, inter	rest, and				
		other similar amounts)		6,930.			6,930.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		I. Niet westel in seems ou (less)					
		Gross amount from sales of (i) Securities					
	1 a	0 1 4 0					
		, <u> </u>	•				
•	b	Less: cost or other basis					
ng.		and sales expenses 7b 0					
Revenue	С	Gain or (loss) 7c 8,149		0.140			0 140
	d	Net gain or (loss)	>	8,149.			8,149.
her	8 a	Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	а				
	b	Less: direct expenses 8	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses 9					
		Net income or (loss) from gaming activities_	•				
		Gross sales of inventory, less returns					
	10 4		a 19,720.				
		J	b 4,002.	1/ 020	14,838.		
	С	Net income or (loss) from sales of inventory	Business Code	14,838.	14,030.		
2	44	OTHER INCOME	900099	656.	656.		
eor e	11 a	OTHER INCOME	300033	030.	030.		
Miscellaneous Revenue	b						
Sel Se	С						
ăis	d	All other revenue		656			
_	е	Total. Add lines 11a-11d		656.	00 000		45.050
	12	Total revenue. See instructions		746,613.	23,999.	0.	15,079.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 95,000. 47,500. 23,750. 23,750. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 208,472. 178,171. 20,792. 9,509. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 26,302. 19,951. 3,654. 2,697. 10 Payroll taxes Fees for services (nonemployees): Management Legal 13,330. 13,330. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 35,475 35,475. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 48,924. 22,206. 21,928. 4,790. Office expenses 13 Information technology 14 15 Royalties 9,538. 7,897. 1,641. 16 Occupancy 4,655. 4,655. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,276. 4,276. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 49,643. 64,500. 14,857. 22 Depreciation, depletion, and amortization 11,468. 4,915. 6,553. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 30,048. 30,048. GROUND MAINTENANCE OTHER EXPENSES 16,835. 999. 15,836. 15,660. 6,700. 8,960. PRINTING AND PUBLICATIO 450. 450. GERMANY TRIP All other expenses 584,933. 372,756. 162,471. 49,706. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2020)

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

Form 990 (2020)
Part X Balance Sheet

<u>Par</u>	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			921,143.	2	809,880
	3	Pledges and grants receivable, net				3	_
	4	Accounts receivable, net			40.	4	0
	5	Loans and other receivables from any current of	or former	officer, director,			
		trustee, key employee, creator or founder, sub-	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	-				
		under section 4958(f)(1)), and persons describe				6	
ţ	7	Notes and loans receivable, net			0.5.1.1.1	7	05.400
Assets	8	Inventories for sale or use		26,144.	8	25,128	
⋖	9				9,168.	9	10,390
	10a	Land, buildings, and equipment: cost or other		0 001 255			
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,991,375.	0 200 650		0 056 055
	b				2,308,650.		2,256,075
	11	Investments - publicly traded securities		181,970.	11	555,691	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			2 447 115	15	2 (57 164
	16	Total assets. Add lines 1 through 15 (must eq	3,447,115.	16	3,657,164		
	17	Accounts payable and accrued expenses		11,880.	17	9,823	
	18	Grants payable	16 710	18	17 252		
	19	Deferred revenue		16,742.	19	17,253	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or for					
≝		trustee, key employee, creator or founder, sub-					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, p				24	
	25	parties, and other liabilities not included on line	•				
		of Schedule D	5 17-24)	. Complete Part X		25	
	26	Total liabilities. Add lines 17 through 25			28,622.	26	27,076
	20	Organizations that follow FASB ASC 958, ch	ock hore	a X	20,022.	20	21,010
Se		and complete lines 27, 28, 32, and 33.	cck ner				
ğ	27				2,903,223.	27	3,078,237
3als	28	Net assets with donor restrictions			515,270.	28	551,851
듈		Organizations that do not follow FASB ASC			<u> </u>		332,332
필		and complete lines 29 through 33.	000, 0110				
ō	29	Capital stock or trust principal, or current fund	s			29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,418,493.	32	3,630,088
2	33				3,447,115.	33	3,657,164

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	34,9	33.			
3	Revenue less expenses. Subtract line 2 from line 1	3	1	161,680.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,4	3,418,493.				
5	5 Net unrealized gains (losses) on investments 5							
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		1,7	89.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3,6	30,0	88.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				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 in Schedule	Э.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2t	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		20	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	it					
	Act and OMB Circular A-133?		38	1	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	t					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3k)				

SCHEDULE A

(Form 990 or 990-EZ)

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.

MEMORIAL FOUNDATION OF THE GERMANNA

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

COLONIES IN VIRGINIA, 54-6048585 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2020 COLONIES IN VIRGINIA, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	387,235.	753,329.	422,327.	865,979.	707,535.	3136405.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	387,235.	753,329.	422,327.	865,979.	707,535.	3136405.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2101996.
6	Public support. Subtract line 5 from line 4.						1034409.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	387,235.	753,329.	422,327.	865,979.	707,535.	3136405.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,692.	14,338.	2,460.	5,525.	6,930.	35,945.
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.)	155.	74.	48.	139.	656.	1,072.
11	Total support. Add lines 7 through 10						3173422.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	563,604.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	32.60 %
15	Public support percentage from 2019	Schedule A, Part I	I, line 14			15	32.55 <u>%</u>
16a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or me	ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	blicly supported or	ganization		▶ X
b	10% -facts-and-circumstances test	- 2019. If the orga	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	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u>▶</u>

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services 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						
the organization without charge						<u> </u>
6 Total. Add lines 1 through 5				<u> </u>		
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received					+	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(a) 2010	(b) 2017	(6) 2018	(u) 2019	(e) 2020	(i) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		<u> </u>
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	ion,
check this box and stop here	•		,	•	. , . ,	·
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2019. If the						
line 18 is not more than 33 1/3%, chec	ck this box and st	t op here. The orga	ınization qualifies a	as a publicly suppo	orted organization	
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hov and sec inc	etructions	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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		
3c		
4-		
4a		
41		
4b		
4c		
5a		
Eh		
5b 5c		
00		
6		
7		
8		
9a		
9b		
9c		
46		
10a		
10b		

Par	Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
	_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	· · · · · · · · · · · · · · · · · · ·		- 1	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instanctivities Test. Answer lines 2a and 2b below.	ruction	S). Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organization(s) to which the organization was responsive: If yes, (right) if y			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	u		
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

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Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (explain in	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Ne	t short-term capital gain	1		
2 Re	coveries of prior-year distributions	2		
3 Otl	her gross income (see instructions)	3		
4 Ad	d lines 1 through 3.	4		
5 De	preciation and depletion	5		
6 Po	rtion of operating expenses paid or incurred for production or			
co	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7 Otl	her expenses (see instructions)	7		
8 Ad	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Av	erage monthly value of securities	1a		
b Av	erage monthly cash balances	1b		
c Fa	ir market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other factors			
(ex	plain in detail in Part VI):			
2 Ac	quisition indebtedness applicable to non-exempt-use assets	2		
3 Su	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	e instructions).	4		
5 Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	ultiply line 5 by 0.035.	6		
7 Re	coveries of prior-year distributions	7		
8 Mi	nimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
1 Ad	justed net income for prior year (from Section A, line 8, column A)	1		
2 En	ter 0.85 of line 1.	2		
3 Mi	nimum asset amount for prior year (from Section B, line 8, column A)	3		
4 En	ter greater of line 2 or line 3.	4		
5 Inc	come tax imposed in prior year	5		
6 Dis	stributable Amount. Subtract line 5 from line 4, unless subject to			
em	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	inization (see

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instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2020 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 **a** From 2015 **b** From 2016 c From 2017 **d** From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

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

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

OVER THE PAST 8 YEARS THE GERMANNA FOUNDATION HAS RECEIVED SIGNIFICANT,

GENEROUS DONATIONS FROM A SINGLE DONOR. THIS PERSON HAS ALLOWED THE

GERMANNA FOUNDATION THE ABILITY TO PIVOT FROM A GENEALOGICAL SOCIETY TO A

HISTORIC SITE TELLING THE STORY OF AMERICA. WITH THIS INDIVIDUAL'S

FINANCIAL ASSISTANCE GERMANNA HAS GROWN MUCH QUICKER AND IN MORE WAYS THAN

WERE PREVIOUSLY IMAGINED. THIS DONOR HAS SINCE PASSED AWAY.

IN THE FALL OF 2018 THE MEMORIAL FOUNDATION OF GERMANNA COLONIES IN

VIRGINIA, INC. (DBA: THE GERMANNA FOUNDATION) ADOPTED A STRATEGIC PLAN TO

RE-INTERPRET AND RE-FOCUS THE STORY GERMANNA TELLS OF MIGRATION,

OPPORTUNITY, AND DRIVE TO SETTLE THE FRONTIER AND HOW DIVERSE POPULATIONS

WERE AFFECTED BY MIGRATION. THIS SHIFT IN DIRECTION EXPANDS OUR POTENTIAL

AUDIENCE AND WILL APPEAL TO A MORE DIVERSE AUDIENCE.

THE GERMANNA FOUNDATION IS SEEING GROWTH IN FINANCIAL SUPPORT FROM WITHIN

THE COMMUNITY. THEY SUPPORT OUR MISSION AND ARE RESPONDING TO OUR OUTREACH

EFFORTS. WE ARE SEEING AN INCREASE IN NON-TRADITIONAL AREAS SUCH AS LOCAL

COMMUNITY, PUBLIC SUPPORTS GRANTS AND A RECOMMITMENT BY OUR CURRENT

MEMBERSHIP POPULATION.

GERMANNA HAS ENGAGED THE CONSULTING FIRM OF BRYAN AND JORDAN TO ASSIST IN

DEVELOPMENT OF FUNDRAISING PLANS, TRANSFORMING THE BOARD FROM A FRIEND'S

BOARD TO A RESOURCE BOARD AND GUIDANCE TO THE CURRENT LEADERSHIP IN

DEVELOPING AND APPEALING TO A WIDER AUDIENCE.

WE ARE CURRENTLY SEEING AN INCREASE IN NEW SUPPORTERS AND A RECOMMITMENT

Schedule A (Form 990 or 990-EZ) 2020 COLONIES IN VIRGINIA, INC.

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

OF OUR TRADITION SUPPORTERS. YEAR OVER YEAR WE HAVE SEEN AN INCREASE TO

811SUPPORTERS WITH 233 BEING NEW GERMANNA SUPPORTERS. CURRENTLY GERMANNA

IS A SUPPORT BASE OF OVER 3,900 INDIVIDUALS WHO HAVE MADE A FINANCIAL

CONTRIBUTION THAT SUPPORT OUR FOUNDATION. THIS IS A GOOD INDICATION THAT

WE HAVE A BROAD POPULATION OF SUPPORTER IN THE PUBLIC REALM. THESE

SUPPORTERS ARE RESPONDING TO INCREASED PROGRAMMING, MORE VISIBILITY OF THE

INSTITUTION AND NEW INTEREST IN OUR MISSION.

IN 2020, WE STARTED EXECUTION OF OUR PLAN TO BUILD SUPPORT IN THREE AREAS:

GRANTS, PRIVATE FOUNDATIONS, AND GENERAL PUBLIC. DURING LAST YEAR WE SAW

AN INCREASE IN GENERAL PUBLIC SUPPORT, BUT DUE TO THE COVID PANDEMIC, MOST

GRANTS AND PRIVATE FOUNDATIONS REDIRECTED THEIR FUNDING TO THEIR COMMUNITY

AND WERE NOT AWARDING GRANTS AS THEY NORMALLY WOULD TO NON-PROFITS OUTSIDE

THEIR IMMEDIATE COMMUNITY.

THE COVID PANDEMIC AFFECTED OUR BUSINESS MUCH AS IT DID AROUND THE NATION.

THE START OF PUBLIC PROGRAMMING IN 2020 CAME TO A HALT AS WELL AS VISITORS

TO OUR SITES AND ADMISSION WE WOULD HAVE COLLECTED FROM THOSE VISITS.

MAJOR DONORS COULD NOT EXPERIENCE, FIRST-HAND, THE EXCITING THINGS GOING

ON A GERMANNA, THUS ENGAGEMENT OF THOSE DONORS HAS JUST RECENTLY RESTARTED

IN MAY OF 2021.

IN 2020 THE GERMANNA FOUNDATION APPLIED FOR AND RECEIVED FUNDS DURING THE FIRST ROUND OF SBA, PPP LOANS PROVIDING MUCH NEEDED RELIEF FOR BUDGET, IN EARLY 2021, THIS LOAN WAS FORGIVEN. WE APPLIED FOR AND RECEIVED MONIES DURING THE SECOND ROUND OF SBA, PPP LOANS AND WE FULLY EXPECT THIS LOAN TO ALSO BE FORGIVEN. WE ALSO APPLIED FOR AND RECEIVED FUNDS THROUGH A

Schedule A (Form 990 or 990-EZ) 2020

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) VIRGINIA HUMANITIES GRANTS AND THROUGH OUR COMMUNITIES' GRANT PROGRAM. TO INCREASE OUR PUBLIC SUPPORT IN 2021 WE HAVE EXECUTED ELEVEN PUBLIC PROGRAMS. WE LAUNCHED A PLANNED GIVING INITIATIVE AND ARE APPLYING FOR PUBLIC GRANTS AND INTRODUCING GERMANNA TO POTENTIAL MAJOR DONORS THROUGH THE END OF 2021. THESE INITIATIVES WILL TAKE TIME TO COME TO FRUITION, BUT WE BELIEVE WE CAN EXPAND OUR SUPPORT BASE AND ADD A CORPS OF DIVERSE SUPPORTERS FOR GERMANNA. OUR PUBLIC PROGRAMMING IS GEARED TO INTRODUCING THE LOCAL COMMUNITY TO GERMANNA AND THE STORY WE TELL. WE HOLD SEVERAL PUBLIC EVENTS ON OUR SITES THAT INCLUDE ARCHAEOLOGY, FAMILY ACTIVITIES AND THE HISTORY OF EACH SITE AND WHY ITS GREATER STORY IS ONE OF EARLY MIGRATION OF A DIVERSE POPULATION. OUR MISSION IS TO TELL AMERICA'S STORY THROUGH THE FRONTIER EXPERIENCE OF HER SETTLERS AND DESCENDANTS USING ARCHEOLOGICAL, HISTORICAL, AND GENEALOGICAL RESEARCH AND INTERPRETATION. OUR ONLY EVENT IN 2020 (DUE TO COVID) WAS A PUBLIC EVENT AT OUR FORT GERMANNA/ENCHANTED CASTLE SITE. WE EXPOSED 150 INDIVIDUALS AND FAMILIES TO OUR WORK AND THIS OFTEN-OVERLOOKED PIECE OF IMPORTANT HISTORY. IN 2021 WE CONTINUE TO EXPAND OUR AUDIENCE WITH BOTH IN PERSON PROGRAMMING AS WELL AS HAVING A VIRTUAL PRESENCE IN OUR COMMUNITY.

Part VI

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization

MEMORIAL FOUNDATION OF THE C

MEMORIAL FOUNDATION OF THE GERMANNA COLONIES IN VIRGINIA, INC.

Employer identification number

54 - 6048585

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note: Or	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to se filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Name of organization

MEMORIAL FOUNDATION OF THE GERMANNA

COLONIES IN VIRGINIA, INC.

Employer identification number

54-6048585

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Training additions and a 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

MEMORIAL FOUNDATION OF THE GERMANNA

COLONIES IN VIRGINIA, INC.

Employer identification number

54-6048585

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** MEMORIAL FOUNDATION OF THE GERMANNA 54-6048585 COLONIES IN VIRGINIA, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

MEMORIAL FOUNDATION OF THE GERMANNA COLONIES IN VIRGINIA, INC.

Employer identification number 54-6048585

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iillai i ulius	of Accounts. Com	ipiete if the
	organization answered tres on Form 990, Fart IV, line	(a) Donor advised	I funds	(b) Funds and oth	ner accounts
1	Total number at end of year	(,)		()	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w		d in donor advise	ed funds	
•	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor ad				10010
•	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?	•		_	Yes No
Pai					
1	Purpose(s) of conservation easements held by the organization		,	,	
-	Preservation of land for public use (for example, recreat		Preservation of	a historically important	land area
	Protection of natural habitat			a certified historic struc	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	tion in the form o	of a conservation easem	nent on the last
_	day of the tax year.				e End of the Tax Year
а				_	
	Number of conservation easements on a certified historic stru				
	Number of conservation easements included in (c) acquired a				
_	listed in the National Register	,			
3	Number of conservation easements modified, transferred, rele				tax
	year▶	3	,	3	
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the peri		on, handling of		
	violations, and enforcement of the conservation easements it	•			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				ing the year
	•				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	orcing conservat	ion easements during th	ne year
	> \$		· ·	· ·	·
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's	inancial stateme	ents that describes the	
	organization's accounting for conservation easements.	-			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Ot	her Similar Assets	5.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	nue statement a	nd balance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fu	rtherance of public	
	service, provide in Part XIII the text of the footnote to its finan	icial statements that desc	ribes these item	S.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and b	alance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furth	erance of public service) ,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, historical trea				<u> </u>
	the following amounts required to be reported under FASB AS				
а	Revenue included on Form 990, Part VIII, line 1			> \$	
	Assets included in Form 990, Part X				

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

Schedule D (Form 990) 2020

Pai	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or	Other	Simila	Assets	(continu	ued)	.gc
3	Using the organization's acquisition, accession							,		
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange progra	ım					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain	how they further th	e organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or othe	r similar a	assets				
	to be sold to raise funds rather than to be main	ntained as part of th	e organization's col	lection?				Yes		No
Pai	t IV Escrow and Custodial Arrang	ements. Comple	te if the organization	n answered "	Yes" on I	Form 990	, Part IV, I	line 9, or		
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contributions	or other ass	ets not ir	ncluded				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII ar									
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on For							Yes		No
b	If "Yes," explain the arrangement in Part XIII. C									
Pai	t V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three y	ears back	(e) Four	years l	back
1a	Beginning of year balance	135,265.	117,007.	124	,020.		95,011.		82,6	645.
b	Contributions						15,000.		6,3	146.
С	Net investment earnings, gains, and losses	12,115.	18,258.	-7	,013.		14,009.		6,3	220.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	147,380.	135,265.	117	,007.	1	24,020.		95,0	011.
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
С	Term endowment >%									
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the possess	sion of the organizat	tion that are held an	d administer	ed for the	organiza	ation	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		<u>X</u>
	(ii) Related organizations							3a(ii)		<u>X</u>
b	If "Yes" on line 3a(ii), are the related organizati	ons listed as require						3b		
4	Describe in Part XIII the intended uses of the o		vment funds.							
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or ot	` '	or other		cumulate	ed	(d) Book	value	e
		basis (investm		` ′	dep	reciation				
1a	Land			3,256.					, 25	
	Buildings		2,00	3,893.	5	17,89	99.	1,485	99	<u> 4.</u>
С	Leasehold improvements									
d	Equipment			4,347.		08,62			72	
	Other	•		9,879.		08,78			.,09	
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part >	K. column (B), line 10	Oc.)				2,256	,07	<u> 15.</u>

Schedule D (Form 990) 2020

Scriedule D (Form 990) 2020 CODON 1 DD 1 IV	VINGINIA, INC	,• J T	OUTOJOJ Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			1 - 6
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (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 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	11d. See Form 990. Part X. line 15.	
	Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)	<u> </u>		
(2)			
(3)			
(4)			
(5)			
(6)			
• •			
(7) (8)			
· /			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X	<u>e 15.) </u>		
	Town 000 Book IV Book	14 445 O France 200 Book V live 25	
Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	(b) Book value
•			(b) book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) lin	e 25)		

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 ... X

Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2020

Part XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1 Total revenue, gains, and other support per audited financial statements			1	796,528.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	48,126.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d	1,789.		
e Add lines 2a through 2d			2e	49,915. 746,613.
3 Subtract line 2e from line 1			3	746,613.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			•
c Add lines 4a and 4b			4c	0.
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 Stater	monto With	Evnance per C	5 Coturn	746,613.
		Expenses per F	teturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			F04 022
1 Total expenses and losses per audited financial statements			1	584,933.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما			
a Donated services and use of facilities				
b Prior year adjustments	_			
c Other losses				
d Other (Describe in Part XIII.)	•		0-	0
e Add lines 2a through 2d			2e 3	584,933.
3 Subtract line 2e from line 1			3	304,333.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	امدا			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.) c Add lines 4a and 4b			4c	0.
 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 			5	584,933.
Part XIII Supplemental Information.				301,3331
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV. lines 1b a	nd 2b: Part V. line 4	: Part X. I	ine 2: Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			, , .	_, ,
,				
PART V, LINE 4:				
·				
THE GERMANNA FOUNDATION'S LONG-TERM PLAN IS	THAT TH	E ANNUAL I	NVEST	MENT
RETURNS OF THE ENDOWMENT WILL BE USED TO SUB	PPORT OP	ERATIONS A	ND PF	ROGRAMS
OF THE GERMANNA FOUNDATION.				
PART X, LINE 2:				
THE GERMANNA FOUNDATION HAS ADOPTED FINANCIA	AL REPOR	TING GUIDA	NCE F	RELATED
TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXE	ES, WHIC	H CLARIFIE	S THE	
				_
ACCOUNTING FOR INCOME TAXES BY PRESCRIBING T	<u> THE MINI</u>	MUM RECOGN	ITION	Ī
	· ·		~ -	
THRESHOLD THAT A TAX POSITION IS REQUIRED TO	MEET B	EFORE BEIN	G REC	COGNIZED
THE MILE OFFICE PROPERTY OF THE STATE OF THE	-14-11	mii	NG -	T 00
IN THE GERMANNA FOUNDATION'S FINANCIAL STATE	EMENTS.	THE GUIDA	NCE A	LLSU
PROVIDES CRITERIA ON DERECOGNITION CLASSIFI	T C A TT C NI	TMTFDFCT	Z NID	

Part XIII Supplemental Information _(continued)
PENALTIES, DISCLOSURE AND TRANSITION.
THE GERMANNA FOUNDATION DISCLOSES THE EXPECTED FUTURE TAX CONSEQUENCES OF
UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE
OF THE FACTS AND THE GERMANNA FOUNDATION'S POSITION, THE RECORDS
UNRECOGNIZED TAX BENEFITS OR LIABILITIES FOR KNOWN, OR ANTICIPATED TAX
ISSUES BASED ON THE GERMANNA FOUNDATION'S ANALYSIS OF WHETHER ADDITIONAL
TAXES WOULD BE DUE TO THE AUTHORITY GIVEN THEIR FULL KNOWLEDGE OF THE TAX
POSITION. THE GERMANNA FOUNDATION HAS COMPLETED ITS ASSESSMENT AND
DETERMINED THAT THERE ARE NO TAX POSITIONS WHICH WOULD REQUIRE
RECOGNITION. THE GERMANNA FOUNDATION IS NOT CURRENTLY UNDER AUDIT BY ANY
JURISDICTION.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
RETURN OF CAPITAL 1,789.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

MEMORIAL FOUNDATION OF THE GERMANNA IN VIRGINIA, COLONIES INC.

Employer identification number 54-6048585

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FRONTIER EXPERIENCE OF HER SETTLERS AND DESCENDANTS USING ARCHAEOLOGICAL, HISTORICAL, AND GENEALOGICAL RESEARCH AND INTERPRETATION.

ADDITIONAL DETAILS FOR MISSION STATEMENT: FORM 990 GERMANNA FOUNDATION TELLS STORIES OF THE HOUSEHOLD THAT MADE UP THE GERMANNA COMMUNITY. GERMANNA WAS A THRIVNG COMMUNITY FROM 1714 UNTIL THE MID-1850'S. GERMANNA FOUNDATION RELATES STORIES OF MIGRATION AND IMMIGRATION, BOTH VOLUNTARY AND FORCED. GERMAN SPEAKERS FROM THE SIEGEN AND LATER THE KRAICHGAU REGIONS OF GERMANY TRAVELED TO LONDON AND MIGRATED TO AMERICA IN THE EALRY 1700'S SEEKING OPPORTUNITY AND STABILITY IN THEIR LIVES. THEY WERE INDENTURED TO LT. GOVERNOR ALEXANDER SPOTSWOOD FOR SEVERAL YEARS. ONCE THEIR TERM OF INDENTURE WAS THEY MOVED WEST INTO TODAY'S FAUQUIER AND MADISON COUNTIES FULFILLED, THESE GERMAN IMMIGRANTS WERE REPLACED BY A SMALL IN VIRGINIA. COMMUNITY OF BRITISH CRAFTSMEN AND ENSLAVED AFRICANS. AFRICANS WERE IMPORTED AS SLAVE LABOR TO GERMANNA TO FIRST ASSIST WITH THE BUILDING OF SPOTSWOOD'S "ENCHANTED CASTLE" AND THEN TO WORK IN THE MINING OF IRON ORE.

GERMANNA IS A CENTER FOR THE STUDY OF VIRGINIA'S EARLY EIGHTEENTH-CENTURY CULTURE AND EXPLORATION. THE GERMANNA FOUNDATION USES ITS HISTORIC AND ARCHAEOLOGICAL SITES TO EXPLORE EXPERIENCES WITH, AND EFFECTS OF, THE MIGRATION OF DIVERSE CULTURES IN VIRGINIA.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization MEMORIAL FOUNDATION OF THE GERMANNA **Employer identification number** 54-6048585 COLONIES IN VIRGINIA, INC. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: HOUSES THE GERMANNA MUSEUM AND THE EVELYN C. MARTIN GENEALOGICAL RESEARCH LIBRARY; THE HITT ARCHAEOLOGY CENTER (DEDICATED IN 2019) AND MEMORIAL GARDEN THAT IS LOCATED ON THE SIEGEN FOREST CAMPUS, ADJACENT TO THE LOCUST GROVE CAMPUS OF GERMANNA COMMUNITY COLLEGE, WHOSE 100 ACRE SITE WAS DONATED BY THE GERMANNA FOUNDATION TO THE COMMONWEALTH OF VIRGINIA IN 1969 FOR THE PURPOSE OF FOUNDING THE COLLEGE. EDUCATION EDUCATION IS CENTRAL TO THE GERMANNA FOUNDATION MISSION. THE VISITOR CENTER HOLDS A LARGE COLLECTION OF BOOKS AND GENEALOGY RECORDS, AS WELL AS INTERPRETIVE EXHIBITS THAT TELL THE GERMANNA HISTORY. SINCE ITS FORMATION IN 1956, THE GERMANNA FOUNDATION HAS PUBLISHED 21 BOOKS THAT COVER A WIDE RANGE OF HISTORIC TOPICS RELATING TO GERMANNA, AS WELL AS GENEALOGIES OF MANY OF THE FAMILIES. SINCE 1957, THE GERMANNA FOUNDATION HAS HELD AN ANNUAL JULY CONFERENCE AND REUNION, CONTINUING A TRADITION STARTED IN THE 1940'S BY ITS UNINCORPORATED PREDECESSOR. THE PROGRAM INCLUDES GUIDED TOURS OF HISTORIC SITES IN THE VIRGINIA COUNTIES OF ORANGE, CULPEPER, FAUQUIER, AND MADISON THAT ARE ASSOCIATED WITH THE GERMANNA FAMILIES. IN ADDITION, DURING THE ANNUAL CONFERENCE LOCAL AND NATIONALLY-RECOGNIZED SPEAKERS PRESENT TALKS ON TOPICS OF GERMAN-AMERICAN INTEREST, GENEALOGY, COLONIAL HISTORY, ARCHAEOLOGY, AND HISTORIC PRESERVATION.

THE GERMANNA FOUNDATION PUBLISHES A PROFESSIONALLY-DESIGNED NEWSLETTER

Name of the organization MEMORIAL FOUNDATION OF THE GERMANNA **Employer identification number** 54-6048585 COLONIES IN VIRGINIA, INC. FOUR TIMES A YEAR THAT REFLECTS INFORMATION ABOUT GERMANNA FOUNDATION ACTIVITIES AND PROGRAMS, INFORMATIVE ARTICLES ABOUT GERMANNA-RELATED HISTORIC SITES IN GERMANY AND THE UNITED STATES. THE GERMANNA FOUNDATION OPERATES AND MAINTAINS A WEBSITE, WWW.GERMANNA.ORG, THAT CONTAINS HISTORICAL INFORMATION, NEWS, OFFICER, TRUSTEE AND STAFF PROFILES, PROGRAM PROMOTION, HISTORICAL ARTICLES AND A STORE WHERE ALL PUBLICATIONS AND RELATED ITEMS CAN BE ORDERED ONLINE. THE GERMANNA FOUNDATION ALSO OFFERS EDUCATIONAL OPPORTUNITIES TO COLLEGE AND GRADUATE STUDENTS THROUGH SUPERVISED SUMMER INTERNSHIPS THAT PROVIDE HANDS-ON EXPERIENCE IN RESEARCH, PUBLIC RELATIONS, AND THE ADMINISTRATION OF A HISTORIC SITE AND ORGANIZATION. CULTIVATION OF TRANSATLANTIC RELATIONS THE DEVELOPMENT OF STRONG TIES WITH ANCESTRAL VILLAGES OF GERMANNA COLONISTS AND SUPPORTERS OF THE GERMANNA FOUNDATION LIVING IN GERMANY HAS BEEN AN IMPORTANT PART OF THE GERMANNA FOUNDATION'S MISSION SINCE ITS INCEPTION. TIES WITH RESEARCHERS AND GENEALOGISTS IN SIEGEN, GERMANY REMAIN STRONG TO THE PRESENT. OFFICIAL DELEGATIONS FROM GERMANY HAVE VISITED THE GERMANNA FOUNDATION OVER THE YEARS, INCLUDING SEVERAL BY VOLKMAR KLEIN, MEMBER OF THE BUDGET COMMITTEE OF THE GERMAN PARLIAMENT IN BERLIN. THE GERMANNA FOUNDATION LEADS GROUP TOURS

GROUP TOUR WAS HELD DUE TO THE COVID-19 PANDEMIC.

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PERSON IS A GERMANNA DESCENDANT OF THE FIRST OR SECOND GERMANNA COLONY,

HAS GERMAN ROOTS, OR HAS AN INTEREST IN GERMAN CULTURE. IN 2020, NO

EACH GROUP TOUR IS CUSTOM DESIGNATED, WHETHER THE

ANNUALLY TO GERMANY.

Employer identification number 54-6048585

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

GERMANNA FOUNDATION HAS HOSTED THE VIRGINIA COMMONWEALTH UNIVERSITY

(VCU) FIELD SCHOOL FROM THE BEGINNING. THE FIELD SCHOOL IS A SIX-WEEK

HANDS-ON, EXPERIENTIAL LEARNING OPPORTUNITY FOR STUDENTS INTERESTED IN

ARCHAEOLOGY. THE STUDENTS ARE INTRODUCED TO DATA COLLECTION METHODS ON

A REAL WORLD, WORKING EXCAVATION SITE. IN THE PRACTICE OF PROFESSIONAL

AND ACADEMIC ARCHAEOLOGY, FIELD SCHOOLS ARE SEEN AS A "GATEWAY"

EXPERIENCE TO ENTERING THE PROFESSION. THE PARTNERSHIP BETWEEN THE

GERMANNA FOUNDATION AND VCU PROVIDES A UNIQUE EXPERIENCE FOR VIRGINIA

STUDENTS ON AN IMPORTANT VIRGINIA SITE. DUE TO THE ONGOING COVID-19

PANDEMIC AND THE CANCELATION OF IN-PERSON CLASSES AT VCU, THE VCU FIELD

SCHOOL DID NOT TAKE PLACE IN 2020. IT IS GERMANNA INTENTION THAT ONCE

CLASSES RETURN TO IN-PERSON LEARNING, WE WILL CONTINUE TO PARTNER WITH

DR. BERNARD MEANS AND THE VCU FIELD SCHOOL.

THE GERMANNA FOUNDATION ALSO OFFERS EDUCATIONAL OPPORTUNITIES TO

COLLEGE AND GRADUATE STUDENTS THROUGH SUPERVISED SUMMER INTERNSHIPS

THAT PROVIDE HANDS-ON EXPERIENCE IN RESEARCH, PUBLIC RELATIONS, AND THE

ADMINISTRATION OF A HISTORIC SITE AND ORGANIZATION.

IN 2018 AND 2019, THE GERMANNA FOUNDATION CONSTRUCTED THE HITT

ARCHAEOLOGY CENTER, WHICH WAS PLACED INTO SERVICE IN MAY 2019 AS A

HEADQUARTERS FOR THE GERMANNA FOUNDATION ARCHAEOLOGY PROGRAM. THE HITT

ARCHAEOLOGY CENTER GIVES THE GERMANNA FOUNDATION A PLACE TO CLEAN,

STUDY, STORE AND EVALUATE ARTIFACTS FOUND ON GERMANNA PROPERTIES. THIS

3,000 SQUARE FOOT FACILITY HAS SPACE FOR LONG-TERM STORAGE OF

ARTIFACTS, A LAB FOR THE CATALOGING AND STUDY OF THOSE ARTIFACTS AS

Name of the organization MEMORIAL FOUNDATION OF THE GERMANNA **Employer identification number** COLONIES IN VIRGINIA, INC. 54-6048585 WELL AS FACILITIES FOR CLEANING AND PRESERVING ITEMS FOUND IN THE FIELD. THE STORAGE PROVIDES A CONTROLLED ENVIRONMENT ENSURING THE PRESERVATION OF ARTIFACTS STORED. THE HITT ARCHAEOLOGY CENTER IS A PLACE WHERE SCHOLARS CAN VISIT AND STUDY ARTIFACTS FROM THE GERMANNA FOUNDATION COLLECTION, INCLUDING ARTIFACTS RECOVERED FROM ALEXANDER SPOTSWOOD'S ENCHANTED CASTLE, AND THE FORT GERMANNA, SALUBRIA AND THE HITT FARM SITES. IN DECEMBER 2020, THE ARTIFACTS UNCOVERED DURING THE EXCAVATIONS AT THE FORT GERMANNA AND ENCHANTED CASTLE SITES FROM THE 1970S AND 1980S ARRIVED AT THE HITT ARCHAEOLOGY CENTER FROM THE UNIVERSITY OF MARY WASHINGTON. THE COLLECTION INCLUDES NOT ONLY THE ARTIFACTS BUT ALSO THE NOTES, DRAWINGS AND OTHER DATA FROM PREVIOUS ARCHAEOLOGISTS' EXCAVATIONS OF THE ENCHANTED CASTLE RUINES. THE ARTIFACTS ARE ON LOAN FROM THE VIRGINIA DEPARTMENT OF HISTORIC RESOURCES (DHR) TO THE GERMANNA FOUNDATION, WHERE THEY WILL BE SAFELY HOUSED IN THE HITT ARCHAEOLOGY CENTER FOR THE PURPOSES OF STUDY, ANALYSIS AND EXHIBIT. THE ARTIFACTS ON LOAN FROM DHR WILL ALLOW RESEARCHERS AND SCHOLARS TO ACCESS THESE COLLECTIONS. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: COUNTY. THIS WAS DONE TO PROVIDE A BASELINE UNDERSTANDING OF THE CULTURAL RESOURCES ASSOCIATED WITH THE 1757 HOUSE AND ITS IMMEDIATE SURROUNDS. THE PROPERTY WAS TRANSFERRED TO THE GERMANNA FOUNDATION IN 2000, WITH A PROTECTIVE CONSERVATION EASEMENT WITH DHR AS THE EASEMENT GRANTEE.

Name of the organization MEMORIAL FOUNDATION OF THE GERMANNA **Employer identification number** COLONIES IN VIRGINIA, INC. 54-6048585 BEFORE 2019, NO SYSTEMATIC SURVEY OF THIS HISTORIC PROPERTY HAD BEEN UNDERTAKEN. THREE STUDENTS FROM VCU FIELD SCHOOL TOGETHER WITH THE GERMANNA FOUNDATION'S THREE SUMMER INTERNS, CONDUCTED THE SURVEY UNDER THE DIRECTION OF DR. ERIC LARSEN (DIRECTOR OF ARCHAEOLOGY FOR THE GERMANNA FOUNDATION), DR. BERNARD MEANS (VCU) AND ALISON HODGES (SUMMER ASSISTANT DIRECTOR FOR THE GERMANNA FOUNDATION). THE FINDINGS AND RESULTING MAPS PROVIDE THE GERMANNA FOUNDATION WITH A PLANNING DOCUMENT THAT WILL AID IN DECISIONS OF FUTURE USE AND DEVELOPMENT OF THE HISTORIC SITE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: IN FEBRUARY 2007 AND SEPTEMBER 2017, THE GERMANNA FOUNDATION ACQUIRED A 4.2 AND 7.4 ACRE PROPERTY, RESPECTIVELY, IN MARSHALL MAGISTERIAL DISTRICT, FAUQUIER COUNTY, VIRGINIA. THESE PROPERTIES ARE ADJACENT TO ONE ANOTHER AND CONTAINS THE HISTORIC PETER HITT CEMETERY SITE. THESE TWO PROPERTIES ARE REFERRED TO BY GERMANNA FOUNDATION AS THE HITT FARM. THE GERMANNA FOUNDATION MAINTAINS THESE PROPERTIES WITH THE GOAL OF CARING FOR IT AND MAKING IT AVAILABLE TO RESEARCHERS, CONSERVATIONISTS, AND DESCENDANTS. EXPENSES \$ 6,620. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 WAS ATTACHED TO AN EMAIL SENT TO ALL TRUSTEES OF THE GERMANNA FOUNDATION FOR THEIR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE GERMANNA FOUNDATION REVIEWS AT THE FALL TRUSTEE BOARD MEETING THE

WRITTEN CONFLICT OF INTEREST POLICY AND EACH TRUSTEE SIGNS A CERTIFICATE OF

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization MEMORIAL FOUNDATION OF THE GERMANNA **Employer identification number** 54-6048585 COLONIES IN VIRGINIA, INC. ACKNOWLEDGEMENT AND COMPLIANCE. FORM 990, PART VI, SECTION B, LINE 15A: DURING 2018, WITH THE ASSISTANCE OF BRYAN & JORDAN CONSULTING LLC, THE GERMANNA FOUNDATION'S EXECUTIVE COMMITTEE PERFORMED A SEARCH FOR AN EXECUTIVE DIRECTOR OF THE GERMANNA FOUNDATION. IN ASSESSING THE EXECUTIVE DIRECTOR'S COMPENSATION, THE EXECUTIVE COMMITTEE EVALUATED COMPENSATION OF COMPARABLE SIZE AND COMPLEXITY OF OTHER ORGANIZATIONS. THE CONTRACT ENTERED INTO WITH THE NEW EXECUTIVE DIRECTOR WAS REVIEWED AND APPROVED BY THE BOARD OF THE GERMANNA FOUNDATION. THE EXECUTIVE DIRECTOR'S COMPENSATION CONTRACT ENTERED INTO IN 2018 DID NOT CHANGE IN 2020. FORM 990, PART VI, SECTION C, LINE 19: THE GERMANNA FOUNDATION PROVIDES COPIES UPON WRITTEN REQUEST OF ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC DURING THE YEAR. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: RETURN OF CAPITAL 1,789. FORM 990, PART XII, LINE 2(C): THE OFFICERS AND OFFICE MANAGER OVERSEES THE AUDIT AND THE AUDIT COMMITTEE AND TRUSTEES APPROVE THE APPOINTMENT OF THE INDEPENDENT AUDITORS.