

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2025Open to Public
Inspection**A For the 2025 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**MEMORIAL FOUNDATION OF THE GERMANNA COLONIES IN VIRGINIA, INC.**Doing business as **HISTORIC GERMANNA**Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P. O. BOX 279City or town, state or province, country, and ZIP or foreign postal code
LOCUST GROVE, VA 22508-0279**F** Name and address of principal officer: **KEITH HOFFMAN**
SAME AS C ABOVE**D** Employer identification number**54-6048585****E** Telephone number**540-423-1700****G** Gross receipts \$**799,893.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.GERMANNA.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1956****M** State of legal domicile: **VA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: INSPIRE UNDERSTANDING AND ENGAGEMENT IN THE RICH HISTORY AND NATURAL RESOURCES OF GERMANNA
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 12
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 12
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a) 5 18
	6	Total number of volunteers (estimate if necessary) 6 126
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 212,368. 561,754.
	9	Program service revenue (Part VIII, line 2g) 104,155. 167,878.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 89,268. 60,599.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,023. 5,903.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 418,814. 796,134.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 513,355. 593,662.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 24,224.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 479,843. 550,124.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 993,198. 1,143,786.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 -574,384. -347,652.
	20	Total assets (Part X, line 16) 4,465,310. 4,334,478.
	21	Total liabilities (Part X, line 26) 69,848. 51,836.
	22	Net assets or fund balances. Subtract line 21 from line 20 4,395,462. 4,282,642.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	LINCOLN SNYDER, TREASURER			
Paid	Preparer's name		Preparer's signature	Date
	JAYME MIKA		JAYME MIKA	08/10/26
Preparer Use Only	Firm's name		Check ☐ if self-employed	PTIN
	KEITER, STEPHENS, HURST, GARY & SHREAVES		☐	P00852731
	Firm's address		Firm's EIN	
	4401 DOMINION BLVD GLEN ALLEN, VA 23060		54-1631262	
		Phone no. (804) 747-0000		

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

532001 12-15-25

Form **990** (2025) Created 4/30/25**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

INSPIRE UNDERSTANDING AND ENGAGEMENT IN THE RICH HISTORY AND NATURAL
RESOURCES OF GERMANNA THROUGH ARCHAEOLOGY, EDUCATION, GENEALOGY, AND
PRESERVATION.

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 344,130. including grants of \$) (Revenue \$ 548,699.)

SINCE 1956, HISTORIC GERMANNA 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. HISTORIC GERMANNA DEVELOPED HIKING TRAILS ON THE LAND WITH
THE ASSISTANCE OF SKILLED PROFESSIONALS AND DEDICATED VOLUNTEERS,
INCLUDING AREA BOY SCOUTS. HISTORIC GERMANNA 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.

IN 2021, HISTORIC GERMANNA STARTED THE PROCESS OF PLACING THE SIEGEN
FOREST PROPERTY UNDER HISTORIC EASEMENT WITH THE VIRGINIA DEPARTMENT

4b (Code:) (Expenses \$ 316,528. including grants of \$) (Revenue \$ 21,838.)

IN OCTOBER 2013, HISTORIC GERMANNA 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) WITH A HISTORIC EASEMENT PLACE ON THE PROPERTY.
THE PROPERTY CONTAINS SEVERAL KNOWN ARCHAEOLOGICAL SITES, INCLUDING
FORT GERMANNA, THE "ENCHANTED CASTLE", THE FIRST SPOTSYLVANIA
COURTHOUSE AND THE GORDON PLANTATION. GERMANNA ARCHAEOLOGIST EXCAVATE
THESE SITES ANNUALLY, WITH OVERSIGHT FROM THE DEPARTMENT OF HISTORIC
RESOURCES. THIS PROPERTY IS PROTECTED BY A CONSERVATION EASEMENT
DONATED BY HISTORIC GERMANNA TO DHR.

BEGINNING IN 2016, HISTORIC GERMANNA'S ARCHAEOLOGY PROGRAM PARTNERED

4c (Code:) (Expenses \$ 140,989. including grants of \$) (Revenue \$ 168,751.)

IN OCTOBER 2000, HISTORIC GERMANNA ACCEPTED STEWARDSHIP OF SALUBRIA, AN
18TH CENTURY GEORGIAN STYLE MANSION WITH 19.6 ACRES OF WOODED GROUNDS
AND A TERRACED GARDEN LOCATED IN CULPEPER COUNTY, VIRGINIA. A
CONSERVATION EASEMENT HELD BY DHR ALSO PROTECTS THIS PROPERTY.

OUTREACH AND PUBLIC PROGRAMMING

HISTORIC GERMANNA ORGANIZES AND EXECUTES SEVERAL EVENTS FOCUSED ON
PUBLIC PARTICIPATION AT THE SITE, ALONG WITH PROGRAMS USING THE SITE AS
BACKDROP.

SEVERAL PUBLIC ACCESS DAYS ARE HELD AT SALUBRIA. THESE EVENTS CONSISTS

4d Other program services (Describe on Schedule O.)

(Expenses \$ 5,054. including grants of \$) (Revenue \$ 5.)

4e Total program service expenses 806,701.

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**MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.**

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

**MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.**

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Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	15
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

**MEMORIAL FOUNDATION OF THE GERMANNA
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Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 18		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a 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:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>	17		

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a <u>12</u>			
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 <u>12</u>			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed VA

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 540-423-1700
P.O. BOX 279, LOCUST GROVE, VA 22508

**MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.**

Form 990 (2025)

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER HURST-WENDER EXECUTIVE DIRECTOR	40.00			X				100,786.	0.	10,614.
(2) KEITH HOFFMAN PRESIDENT	20.00	X		X				0.	0.	0.
(3) BRUCE L. DAVIS FIRST VP	2.00	X		X				0.	0.	0.
(4) WILLIAM H. JOHNSON, JR. SECOND VP	5.00	X		X				0.	0.	0.
(5) BARBARA PRICE SECRETARY	4.00	X		X				0.	0.	0.
(6) LINCOLN SNYDER TREASURER	2.00	X		X				0.	0.	0.
(7) J. CRAIG KEMPER, JR. TRUSTEE	2.00	X						0.	0.	0.
(8) SUNNY REYNOLDS TRUSTEE	2.00	X						0.	0.	0.
(9) ASA RECTOR ESLOCKER TRUSTEE	1.00	X						0.	0.	0.
(10) PROF. HORST SCHMIDT-BOCKING TRUSTEE	1.00	X						0.	0.	0.
(11) VOLKER SCHUTTENHELM TRUSTEE	2.00	X						0.	0.	0.
(12) CATHI CLORE FROST TRUSTEE	20.00	X						0.	0.	0.
(13) TIMOTHY SUTPHIN TRUSTEE	2.00	X						0.	0.	0.

**MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								100,786.	0.	10,614.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								100,786.	0.	10,614.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.**

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	256,872.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	304,882.					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f							561,754.
Program Service Revenue	2 a <u>GERMANY TRIP</u>	Business Code 561500		139,368.	139,368.			
	b <u>PUBLIC PROGRAMMING</u>	561500		28,510.	28,510.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f				167,878.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			41,129.			41,129.
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
6 a Gross rents		6a	(i) Real (ii) Personal					
b Less: rental expenses ...		6b						
c Rental income or (loss)		6c						
d Net rental income or (loss)								
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other					
b Less: cost or other basis and sales expenses		7b	0.					
c Gain or (loss)		7c	19,470.					
d Net gain or (loss)								
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a						
b Less: direct expenses		8b						
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19		9a						
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a	8,779.						
b Less: cost of goods sold	10b	3,759.						
c Net income or (loss) from sales of inventory			5,020.	5,020.				
Miscellaneous Revenue	11 a <u>OTHER INCOME</u>	Business Code 900099		883.	883.			
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d				883.			
	12 Total revenue. See instructions				796,134.	173,781.	0.	60,599.

**MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.**

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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

☒ **X**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,400.	55,700.	44,560.	11,140.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	436,982.	337,424.	97,308.	2,250.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	45,280.	33,340.	10,952.	988.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,495.		5,495.	
c Accounting	36,657.		36,657.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	136,636.	87,886.	48,750.	
12 Advertising and promotion				
13 Office expenses	51,221.	21,689.	26,617.	2,915.
14 Information technology				
15 Royalties				
16 Occupancy	15,508.	13,087.	2,421.	
17 Travel	5,049.	478.	4,571.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,482.	21,482.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	56,690.	54,411.	2,279.	
23 Insurance	14,396.	9,123.	5,273.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a GERMANY TRIP	113,236.	113,236.		
b PRINTING AND PUBLICATIO	32,734.	25,754.	49.	6,931.
c GROUND MAINTENANCE	29,761.	29,761.		
d OTHER EXPENSES	28,338.	545.	27,793.	
e All other expenses	2,921.	2,785.	136.	
25 Total functional expenses. Add lines 1 through 24e	1,143,786.	806,701.	312,861.	24,224.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

**MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.**

Form 990 (2025)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	247,071.	2	188,514.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	22,176.	8	19,624.
	9 Prepaid expenses and deferred charges	11,700.	9	12,272.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,026,042.		
	b Less: accumulated depreciation	1,046,569.		
	11 Investments - publicly traded securities	2,139,515.	11	2,127,812.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,685.	15	6,783.
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,465,310.	16	4,334,478.	
Liabilities	17 Accounts payable and accrued expenses	49,481.	17	28,324.
	18 Grants payable		18	
	19 Deferred revenue	11,682.	19	16,730.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,685.	25	6,782.
	26 Total liabilities. Add lines 17 through 25	69,848.	26	51,836.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,803,465.	27	3,584,435.
	28 Net assets with donor restrictions	591,997.	28	698,207.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,395,462.	32	4,282,642.
	33 Total liabilities and net assets/fund balances	4,465,310.	33	4,334,478.

Form **990** (2025)

**MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.**

Form 990 (2025)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	796,134.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,143,786.
3	Revenue less expenses. Subtract line 2 from line 1	3	-347,652.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,395,462.
5	Net unrealized gains (losses) on investments	5	234,832.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,282,642.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form **990** (2025)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2025

Open to Public
Inspection

Name of the organization **MEMORIAL FOUNDATION OF THE GERMANNA COLONIES IN VIRGINIA, INC.**

Employer identification number
54-6048585

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

**MEMORIAL FOUNDATION OF THE GERMANN
COLONIES IN VIRGINIA, INC.**

Schedule A (Form 990) 2025

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1153206.	402,736.	1526595.	212,368.	561,754.	3856659.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1153206.	402,736.	1526595.	212,368.	561,754.	3856659.
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)						1032690.
6 Public support. Subtract line 5 from line 4.						2823969.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	1153206.	402,736.	1526595.	212,368.	561,754.	3856659.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,665.	13,371.	49,388.	61,958.	41,129.	178,511.
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.)	947.	11,715.	71.	8,946.	883.	22,562.
11 Total support. Add lines 7 through 10						4057732.
12 Gross receipts from related activities, etc. (see instructions)					12	477,893.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	69.59 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	60.73 %
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990) 2025

**MEMORIAL FOUNDATION OF THE GERMANN
COLONIES IN VIRGINIA, INC.**

Schedule A (Form 990) 2025

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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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**MEMORIAL FOUNDATION OF THE GERMANN
COLONIES IN VIRGINIA, INC.**

Schedule A (Form 990) 2025

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.**

Schedule A (Form 990) 2025

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Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No	
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct 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			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

**MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.**

Schedule A (Form 990) 2025

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2025

**MEMORIAL FOUNDATION OF THE GERMANN
COLONIES IN VIRGINIA, INC.**

Schedule A (Form 990) 2025

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Total annual distributions. Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.

Employer identification number

54-6048585

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

MEMORIAL FOUNDATION OF THE GERMANN
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		\$ 185,853.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2		\$ 71,019.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3		\$ 60,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

54-6048585

Part II

(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
	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____ _____	\$ _____	_____

Name of organization

**MEMORIAL FOUNDATION OF THE GERMANNA
COLONIES IN VIRGINIA, INC.**

Employer identification number

54-6048585**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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
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	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
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	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
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	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
		</	

SCHEDULE D
(Form 990)

(Rev. December 2024)

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 GERMANN
COLONIES IN VIRGINIA, INC.

Employer identification number
54-6048585

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form with multiple sections for conservation easements, including questions 1-9 and a table for line 2d.

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

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

Form with questions 1a, 1b, 2a, 2b regarding collections of art, historical treasures, or other similar assets.

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

Schedule D (Form 990) (Rev. 12-2024)

MEMORIAL FOUNDATION OF THE GERMANNA

Schedule D (Form 990) (Rev. 12-2024) COLONIES IN VIRGINIA, INC.

54-6048585 Page 2

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,257,783.	1,005,663.	152,356.	167,670.	147,380.
b Contributions		1,000.	791,687.		
c Net investment earnings, gains, and losses	149,983.	251,120.	61,620.	-15,314.	20,290.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,407,766.	1,257,783.	1,005,663.	152,356.	167,670.

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

a Board designated or quasi-endowment 100 %

b Permanent endowment %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		623,256.		623,256.
b Buildings		2,003,892.	762,215.	1,241,677.
c Leasehold improvements				
d Equipment		169,015.	146,103.	22,912.
e Other		229,879.	138,251.	91,628.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,979,473.

Schedule D (Form 990) (Rev. 12-2024)

MEMORIAL FOUNDATION OF THE GERMANNA

Schedule D (Form 990) (Rev. 12-2024) COLONIES IN VIRGINIA, INC.

54-6048585 Page 3

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	6,782.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		6,782.

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

Schedule D (Form 990) (Rev. 12-2024)

MEMORIAL FOUNDATION OF THE GERMANNA

Schedule D (Form 990) (Rev. 12-2024) COLONIES IN VIRGINIA, INC.

54-6048585 Page 4

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,030,965.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	234,831.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	234,831.
3	Subtract line 2e from line 1	3	796,134.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
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.)	5	796,134.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements	1	1,143,786.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,143,786.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
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	1,143,786.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

HISTORIC GERMANNAS LONG-TERM PLAN IS THAT THE ANNUAL INVESTMENT RETURNS OF THE ENDOWMENT WILL BE USED TO SUPPORT OPERATIONS AND PROGRAMS OF HISTORIC GERMANNAS.

PART X, LINE 2:

HISTORIC GERMANNAS HAS ADOPTED FINANCIAL REPORTING GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN HISTORIC GERMANNAS FINANCIAL STATEMENTS. THE GUIDANCE ALSO PROVIDES CRITERIA ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION.

HISTORIC GERMANNAS DISCLOSES THE EXPECTED FUTURE TAX CONSEQUENCES OF UNCERTAIN TAX POSITIONS PRESUMING THE TAXING AUTHORITIES' FULL KNOWLEDGE OF THE FACTS AND HISTORIC GERMANNAS POSITION, AND RECORDS UNRECOGNIZED TAX BENEFITS OR LIABILITIES FOR KNOWN, OR ANTICIPATED TAX ISSUES BASED ON HISTORIC GERMANNAS ANALYSIS OF WHETHER ADDITIONAL TAXES WOULD BE DUE TO THE AUTHORITY GIVEN THEIR FULL KNOWLEDGE OF THE TAX POSITION. HISTORIC GERMANNAS HAS COMPLETED ITS ASSESSMENT AND DETERMINED THAT THERE ARE NO TAX POSITIONS WHICH WOULD REQUIRE RECOGNITION. HISTORIC GERMANNAS IS NOT CURRENTLY UNDER AUDIT BY ANY JURISDICTION.

MEMORIAL FOUNDATION OF THE GERMANNA

Schedule D (Form 990) (Rev. 12-2024) COLONIES IN VIRGINIA, INC.

54-6048585 Page 5

Part XIII Supplemental Information *(continued)*

Area for supplemental information with horizontal lines.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for 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
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH ARCHAEOLOGY, EDUCATION, GENEALOGY, AND PRESERVATION.

FORM 990, ADDITIONAL DETAILS FOR MISSION STATEMENT:
STRATEGIC VISION

**HISTORIC GERMANNA ENVISIONS A FUTURE WHERE THE GERMANNA REGION IS
WIDELY RECOGNIZED A UNIQUE PLACE THAT CONNECTS DIVERSE STORIES THROUGH
SHARED HERITAGE AND CULTURAL AND ENVIRONMENTAL SIGNIFICANCE, FOSTERING
A SENSE OF BELONGING, LEARNING, AND INSPIRATION FOR ALL.**

STRATEGIC PRIORITIES

- * STORYTELLING AND EDUCATION**
- * OUR PHYSICAL AND NATURAL RESOURCES**
- * COMMUNITY ENGAGEMENT AND INCLUSIVITY**
- * SUSTAINABILITY AND GROWTH**

THE PEOPLE.

**GERMANNA'S HISTORY ENCOMPASSES THE LIVES OF INDIGENOUS PEOPLES, ENGLISH
COLONISTS, GERMAN IMMIGRANTS AND THEIR DESCENDANTS, AND AFRICAN AND
AFRICAN AMERICAN COMMUNITIES.**

THE PLACES.

**THE GERMANNA REGION WAS A CONFLUENCE OF INDIGENOUS, AFRICAN, AFRICAN
AMERICAN, ENGLISH, AND GERMAN CULTURES AND LATER PLAYED A PIVOTAL ROLE
IN THE AMERICAN CIVIL WAR. TODAY, THIS REGION OF CENTRAL VIRGINIA LIES
BETWEEN BUSTLING CITIES AND THE BLUE RIDGE MOUNTAIN AND IS A CROSSROADS
OF HISTORY AND CULTURE, OFFERING OPPORTUNITIES TO SHARE A UNIQUE PART
OF VIRGINIA'S HISTORY THAT CONTINUES TODAY.**

THEIR STORIES.

**GERMANNA HAS MANY STORIES TO TELL, FROM INDIGENOUS USE OF THE LAND TO
THE MIGRATION OF GERMAN IMMIGRANTS TO THE EXPERIENCES OF AFRICAN AND
AFRICAN AMERICANS; OUR CONTINUED RESEARCH AND COLLABORATIONS WITH
SCHOLARS, COMMUNITY KNOWLEDGE-KEEPERS AND CULTURAL ADVISORS ARE HOW WE
DEVELOP A DEEPER UNDERSTANDING OF THE PAST TO SHARE WITH VISITORS AND
STAKEHOLDERS.**

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
**OF HISTORIC RESOURCES (DHR). HISTORIC GERMANNA APPLIED FOR AND WAS
SUCCESSFULLY AWARDED A GRANT FROM THE VIRGINIA LAND CONSERVATION
FOUNDATION (VLCF) OF \$629,901 AND A GRANT FROM THE AMERICAN BATTEFIELD
PROTECTION PROGRAM (ABPP) FOR \$628,910. HISTORIC GERMANNA FINALIZED THE
EASEMENT OF THIS PROPERTY IN NOVEMBER OF 2023, AND AT THAT TIME,
RECEIVED THE GRANT FUNDING FROM VLCF AND ABPP.**

**HISTORIC GERMANNA ORGANIZES AND EXECUTES SEVERAL EVENTS FOCUSED ON
PUBLIC PARTICIPATION AT HISTORIC GERMANNA'S SITES, ALONG WITH PROGRAMS**

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

Name of the organization	MEMORIAL FOUNDATION OF THE GERMANNA COLONIES IN VIRGINIA, INC.	Employer identification number	54-6048585
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USING THE SITES AS BACKDROPS.

HISTORIC GERMANNA HELD FOUR PUBLIC EVENTS IN 2025: 1) ANNUAL HISTORIC GERMANNA CONFERENCE & REUNION, 2) MADISON-MONROE DEBATE REENACTMENT AT HEBRON LUTHERAN CHURCH, 3) HISTORIC GERMANNA HOSTED OVER 60 VOLUNTEERS FROM APEX CLEAN ENERGY AS PART OF THE UNITED WAY OF GREATER CHARLOTTESVILLE'S DAY OF CARING ACROSS HISTORIC GERMANNA'S SITES, AND 4) SPRING EPHEMERAL WALK IN THE SIEGEN FOREST WITH VIRGINIA MASTER NATURALIST CAROLYN SMITH.

HISTORIC GERMANNA HELD FOUR VIRTUAL LECTURES IN 2025: 1) AN EVENING WITH GERMANNA WITH JASON BURNS WHO PROVIDED A PRESENTATION ON "3D DIGITAL RECONSTRUCTION AND THE GORDON FARM", 2) AN EVENING WITH GERMANNA WITH ELIZABETH COMER WHO PROVIDED A PRESENTATION ON "USING DNA TO CONNECT LIVING PEOPLE TO ENSLAVED IRONWORKERS AT CATOCTIN FURNACE, AND 3) AN EVENING WITH GERMANNA WITH KEITH HOFFMAN AND SHANNON DOHERTY WHO PROVIDED A PRESENTATION ON "INTRODUCTION TO WEB PORTAL FOR JOHN BLANKENBAKER'S GERMANNA HISTORY NOTES", AND 4) VIRTUAL LECTURE HOSTED BY GERMANNA COMMUNITY COLLEGE WITH VICTORIA FERGUSON, DR. CAROLE NASH, CATHERINE HILL, DR. ERIC LARSEN, AND JENNIFER HURST-WENDER WHO HELD A PANEL DISCUSSION ABOUT "THE MANY LAYERS OF INDIGENOUS PRESENCE AT HISTORIC GERMANNA". THE FIRST THREE PRESENTATIONS CAN BE VIEWED ONLINE AT WWW.VIMEO.COM/GERMANNA/VIDEOS.

HISTORIC GERMANNA'S FORT GERMANNA VISITOR CENTER (VISITOR CENTER) HOUSES A MUSEUM AND THE EVELYN C. MARTIN GENEALOGICAL RESEARCH LIBRARY; THE HITT ARCHAEOLOGY CENTER (DEDICATED IN 2019) AND MEMORIAL GARDEN ARE LOCATED ON THE SIEGEN FOREST CAMPUS, ADJACENT TO THE LOCUST GROVE CAMPUS OF GERMANNA COMMUNITY COLLEGE, WHOSE 100-ACRE SITE WAS DONATED BY HISTORIC GERMANNA TO THE COMMONWEALTH OF VIRGINIA IN 1969 FOR THE PURPOSE OF FOUNDING THE COLLEGE.

EDUCATION

EDUCATION IS CENTRAL TO HISTORIC GERMANNA'S MISSION. THE VISITOR CENTER HOLDS A LARGE COLLECTION OF BOOKS AND GENEALOGY RECORDS, AS WELL AS INTERPRETIVE EXHIBITS THAT TELL THE GERMANNA HISTORY.

IN 2023, HISTORIC GERMANNA HIRED AN EDUCATION MANAGER TO BETTER INTERPRET THE GERMANNA REGION'S HISTORY TO THE PUBLIC. HISTORIC GERMANNA HAS BEEN FOCUSING ON BUILDING AN INTERPRETIVE PROGRAM AT SALUBRIA AND INTERGRATING THE CENTURIES OF HISTORY AT GERMANNA INTO PUBLIC PROGRAMMING.

SINCE ITS FORMATION IN 1956, HISTORIC GERMANNA HAS PUBLISHED 25 BOOKS THAT COVER A WIDE RANGE OF HISTORIC TOPICS RELATING TO GERMANNA, AS WELL AS GENEALOGIES OF MANY OF THE FAMILIES.

SINCE 1957, HISTORIC GERMANNA 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 HISTORICAL INTEREST, GENEALOGY, ARCHAEOLOGY, AND HISTORIC PRESERVATION.

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HISTORIC GERMANNA PUBLISHED A NEWSLETTER FOUR TIMES A YEAR THAT REFLECTS INFORMATION ABOUT HISTORIC GERMANNA ACTIVITIES AND PROGRAMS, AND INFORMATIVE ARTICLES.

HISTORIC GERMANNA 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.

HISTORIC GERMANNA ALSO OFFERS EDUCATIONAL OPPORTUNITIES TO COLLEGE AND GRADUATE STUDENTS THROUGH SUPERVISED 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 HISTORIC GERMANNA LIVING IN GERMANY HAS BEEN AN IMPORTANT PART OF HISTORIC GERMANNA'S MISSION SINCE ITS INCEPTION. TIES WITH RESEARCHERS AND GENEALOGISTS IN SIEGEN, GERMANY REMAIN STRONG TO THE PRESENT. OFFICIAL DELEGATIONS FROM GERMANY HAVE VISITED HISTORIC GERMANNA OVER THE YEARS, INCLUDING SEVERAL BY VOLMAR KLEIN, A FORMER MEMBER OF PARLIAMENT IN BERLIN, GERMANY.

HISTORIC GERMANNA LEADS GROUP TOURS ANNUALLY TO GERMANY. EACH GROUP TOUR IS CUSTOM DESIGNED, WHETHER THE PERSON IS A GERMANNA DESCENDANT OF THE FIRST OR SECOND GERMANY COLONY, HAS GERMAN ROOTS, OR HAS AN INTEREST IN GERMAN CULTURE.

HISTORIC GERMANNA RECEIVED IN 2025 THE GOVERNOR OF VIRGINIA'S "ENVIRONMENTAL EXCELLENCE AWARD" FOR HISTORIC GERMANNA'S PERMANENT CONSERVATION OF THE SIEGEN FOREST PROPERTY, WHICH INCLUDES 163 ACRES OF HISTORICALLY SIGNIFICANT LAND. THIS AWARD WAS PRESENTED TO HISTORIC GERMANNA BY THE VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ) AND THE DEPARTMENT OF CONSERVATION AND RECREATION (DCR). THIS PRESTIGIOUS AWARD CELEBRATES OUTSTANDING ACHIEVEMENTS IN ENVIRONMENTAL STEWARDSHIP AND SUSTAINABILITY ACROSS THE VIRGINIA COMMONWEALTH.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
WITH DR. BERNARD MEANS (FACULTY MEMBER OF THE ANTHROPOLOGY DEPARTMENT AND SCHOOL OF WORLD STUDIES AT VIRGINIA COMMON UNIVERSITY). HISTORIC GERMANNA HAS HOSTED THE VIRGINIA COMMON UNIVERSITY (VCU) FIELD SCHOOL SINCE 2016. 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 HISTORIC GERMANNA AND VCU PROVIDES A UNIQUE EXPERIENCE FOR VCU STUDENTS ON AN IMPORTANT VIRGINIA ARCHAEOLOGY SITE.

HISTORIC GERMANNA HOSTS "PUBLIC ARCHAEOLOGY DAYS" AT THE FORT GERMANNA/ENCHANTED CASTLE SITE. THESE PUBLIC ACCESS DAYS PROVIDE VISITORS THE OPPORTUNITY TO COME AND SEE THE ARCHAEOLOGY SITE AND OBSERVE THE PROGRESS DURING THE YEAR. IN ADDITION, ARCHAEOLOGISTS

Name of the organization	MEMORIAL FOUNDATION OF THE GERMANNA COLONIES IN VIRGINIA, INC.	Employer identification number	54-6048585
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DEVELOP AND SET UP RELATED ACTIVITIES AND DISPLAYS.

HISTORIC GERMANNA HELD TEN PUBLIC EVENTS AT FORT GERMANNA/ENCHANTED CASTLE SITE AND HITT ARCHAEOLOGY CENTER IN 2025: 1) FIVE EXCLUSIVE BEHIND-THE-SCENES TOURS WITH GERMANNA ARCHEOLOGY IN CELEBRATION OF ARCHAEOLOGY MONTH WITH GERMANNA, 2) TWO PUBLIC ARCHAEOLOGY DAYS, 3) LAB NIGHT AT HITT ARCHAEOLOGY CENTER WITH LAURA GALKE WHO PROVIDED A PRESENTATION ON "CELEBRATING OUR 'HAIR-ITAGE': POWERED WIGS AND HAIR CARE IN THE MID 1700S AND DENNIS LOBA SHOWCASED HIS WIG COLLETION AND KNOWLEDGE, 4) LAB NIGHT AT HITT ARCHAEOLOGY CENTER WITH DR. ERIC LARSEN WHO PROVIDED A PRESENTATION ON "CONTAINED: A HISTORY THROUGH GLASS", AND 5) FAMILY LAB NIGHT AT HITT ARCHAEOLOGY CENTER.

HISTORIC GERMANNA HELD TWO VIRTUAL LECTURES IN 2025: 1) AN EVENING WITH GERMANNA WITH KELLY ARFORD-HORNE WHO PROVIDED A PRESENTATION ON "FROM ORANGE COUNTY TO LIBERIA AFRICAN AND AFRICAN DESCENDED STORIES AT GERMANNA", AND 2) AN EVENING WITH GERMANNA WITH GERMANNA ARCHAEOLOGY STAFF AND INTERNS WHO PROVIDED A PRESENTATION ON "GERMANNA ARCHAEOLOGY RECAP". THESE PRESENTATIONS CAN BE VIEWED ONLINE AT WWW.VIMEO.COM/GERMANNA/VIDEOS.

IN DECEMBER 2020, THE ARTIFACTS COLLECTIONS EXCAVATED AT THE ENCHANTED CASTLE SITE DURING THE 1970S AND 1980S, WERE TRANSFERRED FROM UMV TO THE HITT ARCHAEOLOGY CENTER. THE COLLECTIONS, ON LOAN FROM DHR, INCLUDES ARTIFACTS, NOTES, DRAWINGS AND OTHER DATA FROM THE PREVIOUS EXCAVATIONS OF THE ENCHANTED CASTLE RUINS. THESE COLLECTIONS ARE CURRENTLY HOUSED IN THE HITT ARCHAEOLOGY CENTER FOR THE PURPOSES OF STUDY, ANALYSIS AND EXHIBIT. HISTORIC GERMANNA WILL MAKE THESE COLLECTIONS AVAILABLE FOR RESEARCHERS AND SCHOLARS.

IN 2018 AND 2019, HISTORIC GERMANNA CONSTRUCTED THE HITT ARCHAEOLOGY CENTER, WHICH WAS PLACED INTO SERVICE IN MAY 2019 AS A HEADQUARTERS FOR HISTORIC GERMANNA'S ARCHAEOLOGY PROGRAM. THE HITT ARCHAEOLOGY CENTER GIVES HISTORIC GERMANNA A PLACE TO CLEAN, STUDY, STORE AND EVALUATE ARTIFACTS FOUND ON THE HISTORIC 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 WELL AS FACILITIES FOR CLEANING AND PRESERVING ITEMS FOUND IN THE FIELD. THE STORAGE PROVIDES A CLIMATE-CONTROLLED ENVIRONMENT ENSURING THE PRESERVATION OF COLLECTIONS.

THE HITT ARCHAEOLOGY CENTER IS A PLACE WHERE SCHOLARS CAN VISIT AND STUDY ARTIFACTS FROM HISTORIC GERMANNA'S COLLECTION, INCLUDING ARTIFACTS RECOVERED FROM ALEXANDER SPOTSWOOD'S ENCHANTED CASTLE, AND THE FORT GERMANNA, SALUBRIA AND THE HITT FARM SITES.

IN 2025, GERMANNA ARCHAEOLOGY TOOK THEIR "ARCHAEOLOGY IN THE CLASSROOM" PROGRAM TO SEVERAL SCHOOLS IN ORANGE COUNTY, AND HOSTED SEVERAL MORE STUDENTS ON-SITE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: OF TOURS OF THE PROPERTY WITH EXPERTS, FAMILY ACTIVITIES, BRICKMAKING AND QUILL PEN WRITING, AND DEMONSTRATIONS. THESE EVENTS ALLOW THE PUBLIC TO LEARN ABOUT THE ENVIRONMENT AND LANDSCAPE AND WHAT THE PEOPLE OF SALUBRIA WOULD HAVE EXPERIENCED.

Name of the organization	MEMORIAL FOUNDATION OF THE GERMANNA COLONIES IN VIRGINIA, INC.	Employer identification number	54-6048585
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HISTORIC GERMANNA HELD SIX PUBLIC EVENTS AT SALUBRIA IN 2025: 1) SALUBRIA OKTOBERFEST AND HISTORY FAIRE TO KICK OFF CULPEPER'S 250TH WEEK, 2) SALUBRIA AFTER DARK TOURS, AN AFTER-HOURS HALLOWEEN TRADITION, 3) SALUBRIA ART DAY, 4) AMERICAN BATTLEFIELD TRUST'S PARK DAY CLEAN-UP AT HISTORIC SALUBRIA, 5) HISTORIC SALUBRIA'S HIGHWAY MARKER REDEDICATION AND UNVEILING, AND 6) PRESERVATION MONTHS TOUR AT HISTORIC SALUBRIA TO HONOR NATIONAL HISTORIC PRESERVATION MONTH

IN 2023, HISTORIC GERMANNA HIRED AN EDUCATION MANAGER TO BETTER INTERPRET THE GERMANNA REGION'S HISTORY TO THE PUBLIC. HISTORIC GERMANNA HAS BEEN FOCUSING ON BUILDING AN INTERPRETIVE PROGRAM AT SALUBRIA AND INTEGRATING THE CENTURIES ON HISTORY AT GERMANNA INTO PUBLIC PROGRAMMING.

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

IN SEPTEMBER 2017, HISTORIC GERMANNA ACQUIRED A 7.4 ACRE PROPERTY WHICH CONTAINS A C.1800 LOG HOUSE BUILT BY AND FOR PETER HITT IN MARSHALL MAGISTERIAL DISTRICT, FAUQUIER COUNTY, VIRGINIA. THE DATING OF THE LOG HOUSE WAS CONFIRMED BY A DENDROCHRONOLOGY STUDY PERFORMED BY OXFORD TREE-RING LABORATORY IN 2017 AND IS AMONG THE OLDEST LOG HOUSES IN THE COUNTY. THE PROPERTY IS ADJACENT TO THE 4.2 ACRE PROPERTY WHICH CONTAINS THE HISTORIC PETER HITT CEMETERY SITE. THESE TWO PROPERTIES ARE REFERRED TO BY HISTORIC GERMANNA AS THE HITT FARM. HISTORIC GERMANNA MAINTAINS THIS PROPERTY WITH THE GOAL OF CARING FOR IT AND MAKING IT AVAILABLE TO RESEARCHERS, CONSERVATIONISTS, AND DESCENDANTS.

IN FEBRUARY 2007, HISTORIC GERMANNA ACQUIRED A 4.2-ACRE PROPERTY WHICH CONTAINS THE HISTORIC PETER HITT CEMETERY SITE LOCATED IN MARSHALL MAGISTERIAL DISTRICT, FAUQUIER COUNTY, VIRGINIA. HISTORIC GERMANNA MAINTAINS THIS HISTORIC PROPERTY WITH THE GOAL OF CARING FOR IT AND KEEPING IT AVAILABLE FOR FUTURE RESEARCHERS, CONSERVATIONISTS, AND DESCENDANTS.

EXPENSES \$ 5,054. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5.

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

THE FORM 990 WAS ATTACHED TO AN EMAIL SENT TO ALL TRUSTEES OF HISTORIC GERMANNA FOR THEIR REVIEW PRIOR TO FILING.

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

HISTORIC GERMANNA REVIEWS AT THE FALL TRUSTEE BOARD MEETING THE WRITTEN CONFLICT OF INTEREST POLICY AND EACH TRUSTEE SIGNS A CERTIFICATE OF ACKNOWLEDGEMENT AND COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15A:

DURING 2024, WITH THE ASSISTANCE OF BRYAN & JORDAN CONSULTING LLC, HISTORIC GERMANNA PERFORMED A SEARCH FOR A NEW EXECUTIVE DIRECTOR THAT WAS HIRED IN SEPTEMBER 2022 AND BEGAN WORKING IN OCTOBER 2022. IN ASSESSING THE NEW EXECUTIVE DIRECTOR'S COMPENSATION, HISTORIC GERMANNA EVALUATED COMPENSATION OF COMPARABLE SIZE AND COMPLEXITY OF OTHER ORGANIZATIONS AND WHAT WAS PREVIOUSLY PAID TO THE PRIOR EXECUTIVE DIRECTOR. THE CONTRACT ENTERED INTO WITH THE NEW EXECUTIVE DIRECTOR IN 2022 WAS REVIEWED AND APPROVED BY THE BOARD OF HISTORIC GERMANNA. THE EXECUTIVE DIRECTOR'S COMPENSATION AGREEMENT DID NOT CHANGE IN 2025.

FORM 990, PART VI, SECTION C, LINE 19:

HISTORIC GERMANNA PROVIDES COPIES UPON WRITTEN REQUEST OF ITS GOVERNING

Name of the organization	MEMORIAL FOUNDATION OF THE GERMANNA COLONIES IN VIRGINIA, INC.	Employer identification number 54-6048585
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE PUBLIC DURING THE YEAR.		

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	87,886.
MANAGEMENT AND GENERAL EXPENSES	48,750.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	136,636.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	136,636.

FORM 990, PART XII, LINE 2(C):

THE EXECUTIVE DIRECTOR, OFFICE MANAGER AND AN INDEPENDENT CONTRACTOR
OVERSEES THE AUDIT AND THE TRUSTEES APPROVE THE APPOINTMENT OF THE
INDEPENDENT AUDITORS.