

Form **990**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2023Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**A For the 2023 calendar year, or tax year beginning _____, and ending _____**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE SOUTHEAST VIRGINIA COMMUNITY FOUNDATION		D Employer identification number 27-2529017
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) 1435 CROSSWAYS BLVD., SUITE 303		Room/suite 757-397-5424
	City or town, state or province, country, and ZIP or foreign postal code CHESAPEAKE VA 23320		G Gross receipts\$ 8,641,488
	F Name and address of principal officer: RICHARD E. H. WENTZ 1435 CROSSWAYS BLVD STE 303 CHESAPEAKE VA 23320		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.SEVACF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2010	M State of legal domicile: VA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEVACF ENHANCES THE QUALITY OF THE LIFE IN SOUTH HAMPTON ROADS BY CONNECTING PEOPLE WHO CARE WITH CAUSES LARGE AND SMALL, MANAGING CHARITABLE FUNDS, AND PROVIDING GRANTS AND SCHOLARSHIPS FOR (CONTINUED ON SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	15
	3 Number of voting members of the governing body (Part VI, line 1a)	4	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	3
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	6	15
	6 Total number of volunteers (estimate if necessary)	7a	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	455,053	382,232
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	235,532	-332,830	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	230,596	218,272	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	921,181	267,674	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	590,862	960,549
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	199,918	201,737	
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
b Total fundraising expenses (Part IX, column (D), line 25)	10,086		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	403,700	87,018	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,194,480	1,249,304	
19 Revenue less expenses. Subtract line 18 from line 12	-273,299	-981,630	
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	15,296,794	16,891,410
21 Total liabilities (Part X, line 26)	1,640,700	1,838,135	
22 Net assets or fund balances. Subtract line 21 from line 20	13,656,094	15,053,275	

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 RICHARD E. H. WENTZ		Date
	Type or print name and title CEO		
Paid Preparer Use Only	Print/Type preparer's name KIMBERLY C. PAINTER, CPA	Preparer's signature KIMBERLY C. PAINTER, CPA	Date 08/22/24
	Firm's name BARNES, BROCK, CORNWELL & PAINTER, PLC		Check <input type="checkbox"/> if self-employed P00294115
	Firm's address 908 EDEN WAY N STE 201 CHESAPEAKE, VA 23320-2640		Firm's EIN 20-0221868
			Phone no. 757-961-5017

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

SEVACF ENHANCES THE QUALITY OF THE LIFE IN SOUTH HAMPTON ROADS BY CONNECTING PEOPLE WHO CARE WITH CAUSES LARGE AND SMALL, MANAGING CHARITABLE FUNDS, AND PROVIDING GRANTS AND SCHOLARSHIPS FOR (CONTINUED ON SCHEDULE O)

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **884,519** including grants of \$ **884,519**) (Revenue \$)
THE FOUNDATION MAKES GRANTS TO NONPROFIT ORGANIZATIONS IN THE CHARITABLE AREAS OF ARTS & CULTURE, CAPITAL & OPERATING SUPPORT, EDUCATION; HEALTH AND HUMAN SERVICES; CIVIC AND ECONOMIC DEVELOPMENT; AND RELIGIOUS. GRANTS ARE SUGGESTED BY FUND ADVISORS, ARE MADE FROM DESIGNATED OR FIELD OF INTEREST FUNDS, OR ARE RECOMMENDED AND APPROVED BY THE BOARD OF DIRECTORS FROM THE COMMUNITY NEEDS FUND (DISCRETIONARY FUNDS FROM UNRESTRICTED DOLLARS.)

4b (Code:) (Expenses \$ **76,030** including grants of \$ **76,030**) (Revenue \$)
THE FOUNDATION ADMINISTERS 24 SCHOLARSHIP FUNDS AND ANNUALLY HOLDS A CELEBRATION INVITING BOARD MEMBERS, ADVISORY BOARD MEMBERS, SCHOLARSHIP DONORS, AWARDEES AND THEIR FAMILY MEMBERS. THE SCHOLARSHIP RECEPTION WAS NOT HELD IN 2023.

4c (Code:) (Expenses \$ **234,059** including grants of \$) (Revenue \$)
DONOR EDUCATION AND OTHER PROGRAMS

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,194,608**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1a	0	Yes	No
1b	0		
		1c	

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	3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	
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	
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	<input checked="" type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<input checked="" type="checkbox"/>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<input checked="" type="checkbox"/>
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?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the 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	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	<input checked="" type="checkbox"/>
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<input checked="" type="checkbox"/>
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
	If "Yes," complete Form 6069.		

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

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 15	
	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.		
1b	Enter the number of voting members included on line 1a, above, who are independent	1b 15	
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	<input checked="" type="checkbox"/>
a	The governing body?	8b	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?		
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	<input checked="" type="checkbox"/>

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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	15a	<input checked="" type="checkbox"/>
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?	15b	<input checked="" type="checkbox"/>
a	The organization's CEO, Executive Director, or top management official	16a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	16b	
	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?		
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?		

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.	
	<input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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.	
	SOUTHEAST VIRGINIA COMMUNITY FDN 1435 CROSSWAYS BLVD, SUITE 303 CHESAPEAKE	VA 23320
		757-397-5424

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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	Former employee			
(1) AMY W. FOLKES PRESIDENT	3.00 0.00	X		X			0	0	0
(2) TIMOTHY S. CULPEPPER PAST PRES.	3.00 0.00	X		X			0	0	0
(3) RICHARD E. H. WENTZ CEO	40.00 0.00	X		X			81,000	0	0
(4) STEPHEN KORVING VICE PRESIDENT	3.00 0.00	X		X			0	0	0
(5) MICHELLE BUTLER SECRETARY	3.00 0.00	X		X			0	0	0
(6) CARL L. HARDEE TREASURER	3.00 0.00	X		X			0	0	0
(7) CHARLES G. HACKWORTH, SR. OFFICER	3.00 0.00	X		X			0	0	0
(8) THOMAS E. WOOD OFFICER	3.00 0.00	X		X			0	0	0
(9) CAROLYN BERNARD DIRECTOR	1.00 0.00	X					0	0	0
(10) DORIS COBB DIRECTOR	1.00 0.00	X					0	0	0
(11) BETT CORNETTA DIRECTOR	1.00 0.00	X					0	0	0

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 dotted 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			
(12) ASHTON LEWIS, JR.	1.00						0	0	0
(12) DIRECTOR	0.00	X					0	0	0
(13) SCOTT MATHESON	1.00						0	0	0
(13) DIRECTOR	0.00	X					0	0	0
(14) DR. JOE RAMPERSAD	1.00						0	0	0
(14) DIRECTOR	0.00	X					0	0	0
(15) EMILY ROBBINS	1.00						0	0	0
(15) DIRECTOR	0.00	X					0	0	0
(16) CLAY ROBERTSON	1.00						0	0	0
(16) DIRECTOR	0.00	X					0	0	0
(17)									
(18)									
(19)									
1b Subtotal							81,000		
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							81,000		

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 0

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck 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					
1a Federated campaigns	1a				
1b Membership dues	1b				
1c Fundraising events	1c				
1d Related organizations	1d				
1e Government grants (contributions)	1e				
1f All other contributions, gifts, grants, and similar amounts not included above	1f	382,232			
1g Noncash contributions included in lines 1a-1f	1g	\$ 500			
h Total. Add lines 1a-1f		382,232			
Program Service Revenue		Business Code			
2a					
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f					
3 Investment income (including dividends, interest, and other similar amounts)		204,180			204,180
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
6b					
6c					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	7a	7,614,666	222,138		
b Less: cost or other basis and sales exps.	7b	8,113,831	259,983		
c Gain or (loss)	7c	-499,165	-37,845		
d Net gain or (loss)			-537,010	-759,148	222,138
8a 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					
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11a ADMINISTRATIVE FEE INCOME	523000	218,272			218,272
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		218,272			
12 Total revenue. See instructions		267,674	-759,148	0	644,590

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

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		884,519	884,519		
2 Grants and other assistance to domestic individuals. See Part IV, line 22		76,030	76,030		
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		81,000	64,800	12,150	4,050
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		75,150	60,121	11,272	3,757
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)					
9 Other employee benefits		33,648	26,919	5,047	1,682
10 Payroll taxes		11,939	9,551	1,791	597
11 Fees for services (nonemployees):					
a Management					
b Legal		816	653	163	
c Accounting		8,000	6,400	1,600	
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 Schedule O)		3,235	2,588	647	
12 Advertising and promotion		4,164	4,164		
13 Office expenses		945	756	189	
14 Information technology		18,546	14,837	3,709	
15 Royalties					
16 Occupancy		12,629	10,103	2,526	
17 Travel		15		15	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials					
19 Conferences, conventions, and meetings		1,023	818	205	
20 Interest					
21 Payments to affiliates					
22 Depreciation, depletion, and amortization		13,425	10,740	2,685	
23 Insurance		2,676	2,408	268	
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 SPONSORSHIPS		10,200	10,200		
b MEMBERSHIP DUES		2,850	2,280	570	
c SUPPLIES		2,509	2,007	502	
d REPAIRS		1,984	1,587	397	
e All other expenses		4,001	3,127	874	
25 Total functional expenses. Add lines 1 through 24e		1,249,304	1,194,608	44,610	10,086
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)					

Part X Balance SheetCheck 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	100	1	100
	2 Savings and temporary cash investments	764,431	2	1,498,461
	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	8		
	9 Prepaid expenses and deferred charges	4,352	9	4,689
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	82,657		
	b Less: accumulated depreciation	70,663	10c	11,994
	11 Investments—publicly traded securities	14,252,999	11	15,376,166
	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	15		
	16 Total assets. Add lines 1 through 15 (must equal line 33)	15,296,794	16	16,891,410
Liabilities	17 Accounts payable and accrued expenses	584	17	609
	18 Grants payable	18		
	19 Deferred revenue	19		
	20 Tax-exempt bond liabilities	20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22		
	23 Secured mortgages and notes payable to unrelated third parties	23		
	24 Unsecured notes and loans payable to unrelated third parties	24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,640,116	25	1,837,526
	26 Total liabilities. Add lines 17 through 25	1,640,700	26	1,838,135
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,641,418	27	1,690,296
	28 Net assets with donor restrictions	12,014,676	28	13,362,979
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	13,656,094	32	15,053,275
	33 Total liabilities and net assets/fund balances	15,296,794	33	16,891,410

Part XI Reconciliation of Net AssetsCheck 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	267,674
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,249,304
3 Revenue less expenses. Subtract line 2 from line 1	3	-981,630
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,656,094
5 Net unrealized gains (losses) on investments	5	2,378,811
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	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	15,053,275

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?	2a	<input checked="" type="checkbox"/>
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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c 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?	2c	<input checked="" type="checkbox"/>
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
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	<input checked="" type="checkbox"/>
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 (2023)

SCHEDULE A
 (Form 990)

 Department of the Treasury
 Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2023Open to Public
Inspection

Name of the organization

THE SOUTHEAST VIRGINIA COMMUNITY FOUNDATION

Employer identification number

27-2529017**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,128,626	951,139	718,790	455,053	382,232	3,635,840
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	1,128,626	951,139	718,790	455,053	382,232	3,635,840
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)						
6 Public support. Subtract line 5 from line 4						3,635,840

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,128,626	951,139	718,790	455,053	382,232	3,635,840
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	242,276	197,035	207,205	162,514	204,180	1,013,210
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.)	165,112	194,753	225,175	230,596	218,272	1,033,908
11 Total support. Add lines 7 through 10						5,682,958
12 Gross receipts from related activities, etc. (see instructions)						12
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	63.98 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	66.18 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*

 b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*

 c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*

4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*

 b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*

 c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*

5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*

 b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

 c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*

9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*

 b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*

 c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*

 b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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?	11a	
b	A family member of a person described on line 11a above?	11b	
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.	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

		Yes	No
1	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (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 the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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 and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D – Distributions			Current Year	
1 Amounts paid to supported organizations to accomplish exempt purposes		1		
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		2		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations		3		
4 Amounts paid to acquire exempt-use assets		4		
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)		5		
6 Other distributions (<i>describe in Part VI</i>). See instructions.		6		
7 Total annual distributions. Add lines 1 through 6.		7		
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.		8		
9 Distributable amount for 2022 from Section C, line 6		9		
10 Line 8 amount divided by line 9 amount		10		
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.				
3 Excess distributions carryover, if any, to 2023				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
i Carryover from 2018 not applied (see instructions)				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2023 from Section D, line 7: \$				
a Applied to underdistributions of prior years				
b Applied to 2023 distributable amount				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i>. See instructions.				
6 Remaining underdistributions for 2023. 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 2024. Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023				

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

PART II, LINE 10 - OTHER INCOME DETAIL

ADMINISTRATIVE FEE	\$ 815,636
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SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023Open to Public
Inspection

Name of the organization

**THE SOUTHEAST VIRGINIA COMMUNITY
FOUNDATION**

Employer identification number

27-2529017**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	32	1
2 Aggregate value of contributions to (during year)	137,423	
3 Aggregate value of grants from (during year)	478,325	
4 Aggregate value at end of year	3,003,918	14,740

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	<input type="checkbox"/> Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

DAA

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 **THE SOUTHEAST VIRGINIA COMMUNITY** **27-2529017** **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
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,265,585	7,572,717	7,022,875	6,239,744	6,048,705
b Contributions	424,350	103,783	52,760	371,181	822,128
c Net investment earnings, gains, and losses	1,032,521	-1,143,847	763,927	642,244	-384,479
d Grants or scholarships	386,000	178,725	180,123	144,396	172,997
e Other expenditures for facilities and programs					
f Administrative expenses	266,863	88,343	86,722	85,898	73,613
g End of year balance	7,066,593	6,265,585	7,572,717	7,022,875	6,239,744

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

a Board designated or quasi-endowment %

b Permanent endowment **79.00** %

c Term endowment **21.00** %

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

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

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		82,657		82,657
e Other			70,663	-70,663
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				11,994

Schedule D (Form 990) 2023 **THE SOUTHEAST VIRGINIA COMMUNITY** **27-2529017** **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. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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) FUNDS HELD FOR OTHERS AS AGENCY ENDO		1,837,526
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		1,837,526

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	2,416,790
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	2,378,811
b Donated services and use of facilities	2b	47,535
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	2,426,346
3 Subtract line 2e from line 1	3	-9,556
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	277,230
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	277,230
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	267,674

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	1,019,609
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	47,535
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	47,535
3 Subtract line 2e from line 1	3	972,074
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	277,230
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	277,230
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,249,304

Part XIII Supplemental Information

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

PART X - FIN 48 FOOTNOTE
LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 FOOTNOTE:

THE FOUNDATION ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX POSITIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE-LIKELY-THAN-NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE FOUNDATION HAS ANALYZED THE TAX POSITIONS TAKEN IN ITS FILINGS WITH THE INTERNAL REVENUE SERVICE. THE FOUNDATION BELIEVES THAT ITS INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE

Part XIII Supplemental Information (continued)

FOUNDATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH FLOWS.
ACCORDINGLY, THE FOUNDATION HAS NOT RECORDED ANY RESERVES, OR RELATED
ACCUMULATIONS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT
DECEMBER 31, 2023.

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

THE FOUNDATION'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
(FORM 990) FOR 2023, 2022, 2021, AND 2020, ARE SUBJECT TO EXAMINATION BY
THE IRS, GENERALLY, FOR THREE YEARS AFTER THEY WERE FILED.

SCHEDULE I
(Form 990)Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization **THE SOUTHEAST VIRGINIA COMMUNITY FOUNDATION**

Employer identification number

27-2529017**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABILITY CENTER OF VIRGINIA 5825 ARROWHEAD DR #201 VIRGINIA BEACH VA 23462	54-1310168		115,251				HEALTH & HUMAN SRV
(2) ALL DISTRICT READS P.O. BOX 3723 NORFOLK VA 23514	85-4098331		7,500				EDUCATION
(3) AN ACHIEVABLE DREAM 10858 WARWICK BOULEVARD NO A NEWPORT NEWS VA 23601	54-1621932		8,000				EDUCATION
(4) ARMED SERVICES YMCA OF HAMPTON ROAD 1465 LAKESIDE RD VIRGINIA BEACH VA 23455	54-0525308		7,200				HEALTH/HUMAN SVCS
(5) BOYS & GIRLS CLUB OF SOUTHEAST VIRGINIA 1300 DIAMOND SPRINGS ROAD VIRGINIA BEACH VA 23455	54-0515764	501C4	10,500				HEALTH/HUMAN SRV
(6) CENTENARY UNITED METHODIST CHURCH 3312 CEDAR LANE PORTSMOUTH VA 23703		501C3	85,000				RELIGIOUS
(7) CHESAPEAKE PUBLIC SCHOOLS EDUCATION 312 CEDAR ROAD CHESAPEAKE VA 23322	20-3655412	501C3	7,500				EDUCATION
(8) CHILDRENS ASSISTIVE TECHNOLOGY SERV 900 GRANBY STREET, STE 138 NORFOLK VA 23510	46-4866068	501C3	10,000				HEALTH & HUMAN SRV
(9) CHURCHLAND BAPTIST CHURCH 3031 CHURCHLAND BLVD CHESAPEAKE VA 23321	54-0634498	501C3	25,000				RELIGIOUS

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

153

3 Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization **THE SOUTHEAST VIRGINIA COMMUNITY FOUNDATION**

Employer identification number

27-2529017**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR ST. 16TH FLOOR NEW YORK NY 10006	13-3433452	501C3	10,000				CIVIC & ECON DEV
(2)	EDMARC, INC. 516 LONDON ST PORTSMOUTH VA 23704	54-1092904	501C3	12,223				HEALTH & HUMAN SRV
(3)	ELIZABETH RIVER PROJECT 4610 COLLEY AVENUE NORFOLK VA 23508	54-1663058	501C3	5,338				ENVIRONMENT
(4)	FOODBANK OF SOUTHEASTERN VIRGINIA 800 TIDEWATER DRIVE NORFOLK VA 23504	52-1219783	501C3	17,500				HEALTH/HUMAN SRV
(5)	GIVE BACK 2 DA BLOCK 4035 STOWAWAY LN PORTSMOUTH VA 23703	87-2203982	501C3	12,000				CAPITAL
(6)	HOLIDAY HOUSE OF PORTSMOUTH, INC. 4211 COUNTY STREET PORTSMOUTH VA 23707	54-1207126	501C3	10,000				CAPITAL
(7)	HORIZONS HAMPTON ROADS, INC. 7336 GRANBY STREET NORFOLK VA 23505	54-1946180	501C3	10,000				HEALTH/HUMAN SRV
(8)	JOY MINISTRIES EVANGELISTIC ASSOC 1446 KEMPSVILLE RD VIRGINIA BEACH VA 23464	54-1514185	501C3	7,070				RELIGIOUS
(9)	MARSHALL UNIVERSITY FOUNDATION 519 JOHN MARSHALL DRIVE HUNTINGTON WV 25703	55-6011111	501C3	40,000				EDUCATION

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

3 Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization **THE SOUTHEAST VIRGINIA COMMUNITY FOUNDATION**

Employer identification number

27-2529017**Part I General Information on Grants and Assistance**

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEALS ON WHEELS OF CHESAPEAKE, INC. 736 BATTLEFIELD BLVD N CHESAPEAKE VA 23320	54-1080366	501C3	7,500				HEALTH & HUMAN SRV
(2) MEDICAL COLLEGE OF VIRGINIA FDN P.O. BOX 980234 RICHMOND VA 23298	54-6053660	501C3	40,000				EDUCATION
(3) MEMORIAL SLOAN-KETTERING CANCER CTR 1275 YORK AVENUE NEW YORK NY 10065	13-1924236	501C3	88,100				HEALTH & HUMAN
(4) OSCAR SMITH HIGH SCHOOL 1994 TIGER WAY CHESAPEAKE VA 23322		501C3	15,000				EDUCATION
(5) PROJECT WE HOPE P.O. BOX 50624 PALO ALTO CA 94303	94-3342713	501C3	17,020				HUMAN & HEALTH SRV
(6) REVIVAL CENTER VIRGINIA BEACH 249 CENTRAL PARK AVE. #300 VIRGINIA BEACH VA 23462	83-2269787	501C3	6,000				HUMAN & HEALTH SRV
(7) ROC SOLID FOUNDATION, INC 5164 W. MILITARY HWY CHESAPEAKE VA 23321	26-4082283	501C3	10,800				HEALTH & HUMAN
(8) SALVATION ARMY OF PORTSMOUTH 2306 AIRLINE BLVD PORTSMOUTH VA 23701	22-2406433	501C3	13,000				HEALTH & HUMAN SRV
(9) SHADY GROVE UNITED METHODIST CHURCH 4825 POUNCEY TRACT RD GLEN ALLEN VA 23059			50,000				RELIGIOUS

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

3 Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

OMB No. 1545-0047

2023

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.Name of the organization **THE SOUTHEAST VIRGINIA COMMUNITY FOUNDATION**

Employer identification number

27-2529017**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THERAPY ON THE MOVE 1921 MAPLE SHADE DR VIRGINIA BEACH VA 23453	83-3501628	501C3	6,000				HEALTH & HUMAN SRV
(2) TIDEWATER FRIENDS OF FOSTER CARE 999 WATERSIDE DRIVE NORFOLK VA 23510	81-2887214	501C3	8,000				HEALTH & HUMAN SRV
(3) TIDEWATER YOUTH SERVICES FOUNDATION 2404 AIRLINE BLVD. PORTSMOUTH VA 23701	54-1611793	501C3	10,500				CAPITAL
(4) UNITED SERVICE ORGANIZATIONS, INC. 2111 WILSON BLVD. ARLINGTON VA 22201	13-1610451	501C3	7,500				HEALTH HUMAN SRV/ECO
(5) VIRGINIA UNITED METHODIST HOMES 120 EASTSHORE DR. GLEN ALLEN VA 23056	54-0720603	501C3	90,000				HEALTH & HUMAN SRV
(6) VIRGINIA ZOOLOGICAL SOCIETY 3500 GRANBY STREET NORFOLK VA 23504	51-0253147	501C3	12,000				EDUCATION
(7) YMCA OF SOUTH HR - PORTSMOUTH 4900 HIGH ST PORTSMOUTH VA 23703	54-0445205	501C3	6,102				HEALTH & HUMAN SRV
(8) YOUNG LIFE CHESAPEAKE 335 CENTERVILLE TPKE S. STE G CHESAPEAKE VA 23322	84-6041371	501C3	7,500				HEALTH & HUMAN SRV
(9)			0				

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

3 Enter total number of other organizations listed in the line 1 table

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

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Schedule I (Form 990) 2023

Schedule I (Form 990) 2023 **THE SOUTHEAST VIRGINIA COMMUNITY 27-2529017**Page **2****Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	40	76,030			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS****SCHEDULE I, PART I, LINE 2: ALL GRANT RECIPIENTS ARE REQUIRED TO FILE A****FINAL OUTCOME REPORT. THE FOUNDATION TRACKS ALL REPORTS RECEIVED.**

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023Open to Public
InspectionName of the organization **THE SOUTHEAST VIRGINIA COMMUNITY
FOUNDATION**Employer identification number
27-2529017**FORM 990 - ADDITIONAL INFORMATION****MISSION STATEMENT CONTINUED:****OUR COMMUNITY'S MOST PRESSING NEEDS AND PROMISING OPPORTUNITIES.****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990****THE EXECUTIVE DIRECTOR, PRESIDENT, TREASURER AND CHAIR OF THE FINANCE
COMMITTEE REVIEW THE RETURN BEFORE IT IS FILED.****FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY****ON AN ANNUAL BASIS, AT THE FIRST MEETING OF THE FISCAL AND CALENDAR YEAR, A
COPY OF THE FOUNDATION'S CONFLICT OF INTEREST STATEMENT WILL BE DISTRIBUTED
TO EACH MEMBER OF THE FOUNDATION BOARD OF DIRECTORS AND TRUST DISTRIBUTION
COMMITTEE FOR COMPLETION.****COMPLETED STATEMENTS WILL BE COLLECTED AT THE END OF THE MEETING. MEMBERS
NOT PRESENT WILL RECEIVE A COPY OF THE CONFLICT OF INTEREST STATEMENT BY
USPS MAIL OR EMAIL COMPLETION. THE FOUNDATION AMINISTRATIVE STAFF WILL
FOLLOW UP WITH EACH BOARD MEMBER TO ENSURE A COMPLETED STATEMENT IS ON FILE
FOR EACH MEMBER.****EACH BOARD MEETING PACKAGE WILL INCLUDE A LIST OF FOUNDATION BOARD MEMBER
AND TRUST DISTRIBUTION COMMITTEE MEMBER CONFLICTS LISTED ON THEIR
STATEMENT. THE LISTING WILL BE REFERED TO PRIOR TO ANY VOTE RELATED TO
POTENTIAL CONFLICTS.****FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL****DOCUMENTS CAN BE VIEWED ON THE ORGANIZATION'S WEBSITE AS WELL AS ANOTHER'S**

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

THE SOUTHEAST VIRGINIA COMMUNITY**27-2529017****WEBSITE. THEY ARE ALSO AVAILABLE UPON REQUEST.****FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION****DOCUMENTS ARE AVAILABLE UPON REQUEST.**

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

2023**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Name of the organization

**THE SOUTHEAST VIRGINIA COMMUNITY
FOUNDATION**

Employer identification number

27-2529017**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHILDREN'S HOME, LLC 4211 COUNTY ST. PORTSMOUTH	54-6062589 VA 23707	OWNER	VA	47,535		SEVACF
(2)						
(3)						
(4)						
(5)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								

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

DAA

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 THE SOUTHEAST VIRGINIA COMMUNITY 27-2529017

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1)											
(2)											
(3)											
(4)											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	Yes	No
(1)										
(2)										
(3)										
(4)										

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

		Yes	No
1a			
1b			
1c			
1d			
1e			
1f			
1g			
1h			
1i			
1j			
1k			
1l			
1m			
1n			
1o			
1p			
1q			
1r			
1s			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1)									Yes	No	
(2)									Yes	No	
(3)									Yes	No	
(4)									Yes	No	
(5)									Yes	No	
(6)									Yes	No	
(7)									Yes	No	
(8)									Yes	No	
(9)									Yes	No	
(10)									Yes	No	
(11)									Yes	No	

Part VII

Supplemental Information.

Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

Form **4562**Department of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)
Attach to your tax return.

OMB No. 1545-0172

2023Attachment Sequence No. **179**Go to www.irs.gov/Form4562 for instructions and the latest information.Name(s) shown on return **THE SOUTHEAST VIRGINIA COMMUNITY FOUNDATION**Identifying number
27-2529017

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	13,424

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property		25 yrs.			S/L	
h	Residential rental property		27.5 yrs.	MM	S/L		
			27.5 yrs.	MM	S/L		
i	Nonresidential real property		39 yrs.	MM	S/L		
				MM	S/L		

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	13,424
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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Form **4562** (2023)
THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Other Depreciation:											
16	STORAGE CABINET	12/31/08	434				434	7	MO S/L	434	0
18	4211 COUNTY	12/19/02	610,610				610,610	27	MO S/L	444,255	11,102
	Sold/Scrapped: 7/01/23										
19	4201 COLUMBIA LAND	12/19/02	2,350				2,350	0	--	Land	0
	Sold/Scrapped: 7/01/23										
20	4205 COLUMBIA LAND	12/19/02	2,350				2,350	0	--	Land	0
	Sold/Scrapped: 7/01/23										
21	4211 COUNTY	12/19/02	100,030				100,030	0	--	Land	0
	Sold/Scrapped: 7/01/23										
40	Pearl Software	9/26/13	38,140			X	19,070	3	MO Amort	38,140	0
53	Samsuing 32" HDTV 1080p	12/16/15	316				316	5	MO S/L	316	0
59	Star2Star Comm complete phone system	4/19/17	5,177				5,177	5	MO S/L	5,177	0
61	Samsung 55" class 4k SUHD smart TV	5/22/17	984				984	5	MO S/L	984	0
68	Datto Alto 2TB Backup	3/12/19	350				350	5	MO S/L	268	70
69	Del OptiPlex 3070	10/21/19	2,558				2,558	5	MO S/L	1,620	511
70	SonicWall TZ400/Gateway Sec Suite/UPS E	10/21/19	1,794				1,794	5	MO S/L	1,136	359
71	HP PageWide Pro M479 Color All-in-One	12/18/19	571				571	5	MO S/L	495	76
72	Dell 3K8JP Latitude 3590 Notebook	9/05/18	1,070				1,070	5	MO S/L	927	143
73	Monitor for SK	9/05/18	117				117	5	MO S/L	102	15
74	Akoya Software	3/12/19	17,945				17,945	3	MO Amort	17,945	0
75	Dell Latitude 3510 (Janice)	8/12/20	949				949	5	MO S/L	585	190
76	Dell 22" monitor for Coppa	6/30/21	189				189	5	MO S/L	95	37
77	CEO Chair	5/26/21	260				260	5	MO S/L	117	52
78	Del OptiPlex 3000SFF 16GB tower (Reid)	11/09/22	1,225				1,225	3	MO S/L	0	408
79	DELL DOCK-WD19S STATION	9/27/23	288				288	3	MO S/L	0	32
80	DELL POWEREDGE R250 SERVER	10/13/23	10,292				10,292	5	MO S/L	0	429
Total Other Depreciation			<u>797,999</u>				<u>778,929</u>			<u>512,596</u>	<u>13,424</u>
Total ACRS and Other Depreciation			<u>797,999</u>				<u>778,929</u>			<u>512,596</u>	<u>13,424</u>
Grand Totals			<u>797,999</u>				<u>778,929</u>			<u>512,596</u>	<u>13,424</u>
Less: Dispositions and Transfers			<u>715,340</u>				<u>715,340</u>			<u>444,255</u>	<u>11,102</u>
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u>82,659</u>				<u>63,589</u>			<u>68,341</u>	<u>2,322</u>

VA Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	VA Prior	VA Current	Federal Current	Difference Fed - VA
Prior MACRS:								
68	Datto Alto 2TB Backup	3/12/19	350	350	290	40	70	30
			<u>350</u>	<u>350</u>	<u>290</u>	<u>40</u>	<u>70</u>	<u>30</u>
Other Depreciation:								
16	STORAGE CABINET	12/31/08	434	434	434	0	0	0
18	4211 COUNTY	12/19/02	610,610	610,610	444,080	11,102	11,102	0
	Sold/Scrapped: 7/01/23							
19	4201 COLUMBIA LAND	12/19/02	2,350	2,350	0	0	0	0
	Sold/Scrapped: 7/01/23							
20	4205 COLUMBIA LAND	12/19/02	2,350	2,350	0	0	0	0
	Sold/Scrapped: 7/01/23							
21	4211 COUNTY	12/19/02	100,030	100,030	0	0	0	0
	Sold/Scrapped: 7/01/23							
40	Pearl Software	9/26/13	38,140	38,140	38,140	0	0	0
53	Samsung 32" HDTV 1080p	12/16/15	316	316	316	0	0	0
59	Star2Star Comm complete phone system	4/19/17	5,177	5,177	5,177	0	0	0
61	Samsung 55" class 4k SUHD smart TV	5/22/17	984	984	984	0	0	0
69	Del OptiPlex 3070	10/21/19	2,558	2,558	1,620	511	511	0
70	SonicWall TZ400/Gateway Sec Suite/UPS F	10/21/19	1,794	1,794	1,136	359	359	0
71	HP PageWide Pro M479 Color All-in-One	12/18/19	571	571	495	76	76	0
72	Dell 3K8JP Latitude 3590 Notebook	9/05/18	1,070	1,070	927	143	143	0
73	Monitor for SK	9/05/18	117	117	102	15	15	0
74	Akoya Software	3/12/19	17,945	17,945	17,945	0	0	0
75	Dell Latitude 3510 (Janice)	8/12/20	949	949	585	190	190	0
76	Dell 22" monitor for Coppa	6/30/21	189	189	95	37	37	0
77	CEO Chair	5/26/21	260	260	117	52	52	0
78	Del OptiPlex 3000SFF 16GB tower (Reid)	11/09/22	1,225	1,225	0	408	408	0
79	DELL DOCK-WD19S STATION	9/27/23	288	288	0	32	32	0
80	DELL POWEREDGE R250 SERVER	10/13/23	10,292	10,292	0	429	429	0
Total Other Depreciation			<u>797,649</u>	<u>797,649</u>	<u>512,153</u>	<u>13,354</u>	<u>13,354</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>797,649</u>	<u>797,649</u>	<u>512,153</u>	<u>13,354</u>	<u>13,354</u>	<u>0</u>
Grand Totals			797,999	797,999	512,443	13,394	13,424	30
Less: Dispositions			715,340	715,340	444,080	11,102	11,102	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>82,659</u>	<u>82,659</u>	<u>68,363</u>	<u>2,292</u>	<u>2,322</u>	<u>30</u>

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:										
68	Datto Alto 2TB Backup	3/12/19	<u>350</u>		X	0	5	HY 200DB	<u>350</u>	0
			<u>350</u>			<u>0</u>			<u>350</u>	0
Other Depreciation:										
16	STORAGE CABINET	12/31/08	0			0	0	HY	0	0
18	4211 COUNTY	12/19/02	0			0	0	HY	0	0
	Sold/Scrapped: 7/01/23									
19	4201 COLUMBIA LAND	12/19/02	0			0	0	HY	0	0
	Sold/Scrapped: 7/01/23									
20	4205 COLUMBIA LAND	12/19/02	0			0	0	HY	0	0
	Sold/Scrapped: 7/01/23									
21	4211 COUNTY	12/19/02	0			0	0	HY	0	0
	Sold/Scrapped: 7/01/23									
53	Samsung 32" HDTV 1080p	12/16/15	0			0	0	HY	0	0
59	Star2Star Comm complete phone system	4/19/17	0			0	0	HY	0	0
61	Samsung 55" class 4k SUHD smart TV	5/22/17	0			0	0	HY	0	0
69	Del OptiPlex 3070	10/21/19	0			0	0	HY	0	0
70	SonicWall TZ400/Gateway Sec Suite/UPS E	10/21/19	0			0	0	HY	0	0
71	HP PageWide Pro M479 Color All-in-One	12/18/19	0			0	0	HY	0	0
72	Dell 3K8JP Latitude 3590 Notebook	9/05/18	0			0	0	HY	0	0
73	Monitor for SK	9/05/18	0			0	0	HY	0	0
75	Dell Latitude 3510 (Janice)	8/12/20	0			0	0	HY	0	0
76	Dell 22" monitor for Coppa	6/30/21	0			0	0	HY	0	0
77	CEO Chair	5/26/21	0			0	0	HY	0	0
78	Del OptiPlex 3000SFF 16GB tower (Reid)	11/09/22	0			0	0	HY	0	0
79	DELL DOCK-WD19S STATION	9/27/23	0			0	0	HY	0	0
80	DELL POWEREDGE R250 SERVER	10/13/23	<u>0</u>			<u>0</u>	<u>0</u>	HY	<u>0</u>	<u>0</u>
Total Other Depreciation			<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
Grand Totals			<u>350</u>			<u>0</u>			<u>350</u>	<u>0</u>
Less: Dispositions and Transfers			<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u>350</u>			<u>0</u>			<u>350</u>	<u>0</u>

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27-2529017
FYE: 12/31/2023

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Bonus Depreciation Report
Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
40	Pearl Software	9/26/13	38,140		0	0	19,070	19,070
	Grand Total		38,140		0	0	19,070	19,070

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27-2529017 **Depreciation Ac**
FYE: 12/31/2023 **All Business**

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Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Other Depreciation:</u>					
16	STORAGE CABINET	12/31/08	434	0	0
40	Pearl Software	9/26/13	38,140	0	0
53	Samsung 32" HDTV 1080p	12/16/15	316	0	0
59	Star2Star Comm complete phone system	4/19/17	5,177	0	0
61	Samsung 55" class 4k SUHD smart TV	5/22/17	984	0	0
68	Datto Alto 2TB Backup	3/12/19	350	12	0
69	Del OptiPlex 3070	10/21/19	2,558	427	0
70	SonicWall TZ400/Gateway Sec Suite/UPS Batt I	10/21/19	1,794	299	0
71	HP PageWide Pro M479 Color All-in-One	12/18/19	571	0	0
72	Dell 3K8JP Latitude 3590 Notebook	9/05/18	1,070	0	0
73	Monitor for SK	9/05/18	117	0	0
74	Akoya Software	3/12/19	17,945	0	0
75	Dell Latitude 3510 (Janice)	8/12/20	949	174	0
76	Dell 22" monitor for Coppa	6/30/21	189	38	0
77	CEO Chair	5/26/21	260	52	0
78	Del OptiPlex 3000SFF 16GB tower (Reid)	11/09/22	1,225	409	0
79	DELL DOCK-WD19S STATION	9/27/23	288	96	0
80	DELL POWEREDGE R250 SERVER	10/13/23	10,292	2,058	0
Total Other Depreciation			<u>82,659</u>	<u>3,565</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>82,659</u>	<u>3,565</u>	<u>0</u>
Grand Totals			<u>82,659</u>	<u>3,565</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>VA</u>
<u>Other Depreciation:</u>				
16	STORAGE CABINET	12/31/08	434	0
40	Pearl Software	9/26/13	38,140	0
53	Samsung 32" HDTV 1080p	12/16/15	316	0
59	Star2Star Comm complete phone system	4/19/17	5,177	0
61	Samsung 55" class 4k SUHD smart TV	5/22/17	984	0
68	Datto Alto 2TB Backup	3/12/19	350	20
69	Del OptiPlex 3070	10/21/19	2,558	427
70	SonicWall TZ400/Gateway Sec Suite/UPS Batt I	10/21/19	1,794	299
71	HP PageWide Pro M479 Color All-in-One	12/18/19	571	0
72	Dell 3K8JP Latitude 3590 Notebook	9/05/18	1,070	0
73	Monitor for SK	9/05/18	117	0
74	Akoya Software	3/12/19	17,945	0
75	Dell Latitude 3510 (Janice)	8/12/20	949	174
76	Dell 22" monitor for Coppa	6/30/21	189	38
77	CEO Chair	5/26/21	260	52
78	Del OptiPlex 3000SFF 16GB tower (Reid)	11/09/22	1,225	409
79	DELL DOCK-WD19S STATION	9/27/23	288	96
80	DELL POWEREDGE R250 SERVER	10/13/23	10,292	2,058
Total Other Depreciation			<u>82,659</u>	<u>3,573</u>
Total ACRS and Other Depreciation			<u>82,659</u>	<u>3,573</u>
Grand Totals			<u>82,659</u>	<u>3,573</u>

Form 990		Two Year Comparison Report		2022 & 2023
		For calendar year 2023, or tax year beginning _____, ending _____		
Name THE SOUTHEAST VIRGINIA COMMUNITY FOUNDATION		Taxpayer Identification Number 27-2529017		
Revenue	1. Contributions, gifts, grants	2022 1. 455,053	2023 382,232	Differences -72,821
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 162,514	204,180	41,666
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 73,018	-537,010	-610,028
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 230,596	218,272	-12,324
	12. Total revenue. Add lines 1 through 11	12. <i>921,181</i>	267,674	-653,507
Expenses	13. Grants and similar amounts paid	13. 590,862	960,549	369,687
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 81,000	81,000	
	16. Salaries, other compensation, and employee benefits	16. 118,918	120,737	1,819
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 306,583	12,051	-294,532
	19. Occupancy, rent, utilities, and maintenance	19. 13,744	12,629	-1,115
	20. Depreciation and Depletion	20. 25,462	13,425	-12,037
	21. Other expenses	21. 57,911	48,913	-8,998
	22. Total expenses. Add lines 13 through 21	22. <i>1,194,480</i>	1,249,304	54,824
	23. Excess or (Deficit). Subtract line 22 from line 12	23. <i>-273,299</i>	-981,630	-708,331
Other Information	24. Total exempt revenue	24. 921,181	267,674	-653,507
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 466,128	-114,558	-580,686
	27. Total assets	27. 15,296,794	16,891,410	1,594,616
	28. Total liabilities	28. 1,640,700	1,838,135	197,435
	29. Retained earnings	29. 13,656,094	15,053,275	1,397,181
	30. Number of voting members of governing body	30. 14	15	
	31. Number of independent voting members of governing body	31. 14	15	
	32. Number of employees	32. 3	3	
	33. Number of volunteers	33. 16	15	

Form 990	Tax Return History					2023
Name	Employer Identification Number					
THE SOUTHEAST VIRGINIA COMMUNITY FOUNDATION						27-2529017
	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	1,128,626	951,139	718,790	455,053	382,232	
Membership dues						
Program service revenue						
Capital gain or loss	674,635	601,941	862,127	73,018	-537,010	
Investment income	242,276	197,035	207,205	162,514	204,180	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	165,112	194,753	225,175	230,596	218,272	
Total revenue	2,210,649	1,944,868	2,013,297	921,181	267,674	
Grants and similar amounts paid	525,410	447,426	572,432	590,862	960,549	
Benefits paid to or for members						
Compensation of officers, etc.	140,900	140,500	92,486	81,000	81,000	
Other compensation	184,402	159,227	151,316	118,918	120,737	
Professional fees	258,241	290,056	299,976	306,583	12,051	
Occupancy costs	12,870	19,340	16,265	13,744	12,629	
Depreciation and depletion	33,772	34,192	33,505	25,462	13,425	
Other expenses	67,600	48,614	48,857	57,911	48,913	
Total expenses	1,223,195	1,139,355	1,214,837	1,194,480	1,249,304	
Excess or (Deficit)	987,454	805,513	798,460	-273,299	-981,630	
 Total exempt revenue	2,210,649	1,944,868	2,013,297	921,181	267,674	
Total unrelated revenue						
Total excludable revenue	1,082,023	993,729	1,294,507	466,128	-114,558	
Total Assets	15,048,351	16,851,243	18,769,876	15,296,794	16,891,410	
Total Liabilities	34,451	16,986	1,903,617	1,640,700	1,838,135	
Net Fund Balances	15,013,900	16,834,257	16,866,259	13,656,094	15,053,275	

Federal Statements

Taxable Interest on Investments

Description		Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST	INCOME	\$ 7,832				14	
TOTAL		\$ 7,832					

Taxable Dividends from Securities

Description		Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
ORDINARY	DIVIDENDS	\$ 195,846				14	
TOTAL		\$ 195,846					

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Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL FEE	\$ 2,235 1,000	\$ 1,788 800	\$ 447 200	\$
TOTAL	\$ <u>3,235</u>	\$ <u>2,588</u>	\$ <u>647</u>	\$ <u>0</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
DONOR SERVICES	\$ 1,705	\$ 1,364	\$ 341	\$
TELEPHONE	1,525	1,220	305	
BANK FEE	454	363	91	
CORPORATION FEE	225	180	45	
MISCELLANEOUS	92		92	
TOTAL	\$ <u>4,001</u>	\$ <u>3,127</u>	\$ <u>874</u>	\$ <u>0</u>

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Federal Statements

Schedule A, Part II, Line 1(e)

	Description	Amount
VARIOUS		\$ 382,232
TOTAL		\$ 382,232

Schedule A, Part II, Line 8(e)

	Description	Amount
INTEREST	INCOME	\$ 7,832
ORDINARY	DIVIDENDS	195,846
		502
TOTAL		\$ 204,180

Schedule A, Part II, Line 10(e)

	Description	Amount
ADMINISTRATIVE	FEE INCOME	\$ 218,272
TOTAL		\$ 218,272