Form **990**

Return of Organization Exempt From Income Tax

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

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

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A</u>	For the		d ending												
<u>B</u> _	Check if ap	oplicable: C Name of organization Laurel Ridge Community	College			D Employe	r identification number								
П	Address ch	mange Educational Foundation	, Inc.												
Ħ	Nama ahai	Doing business as	Otic	n		51-0	247624								
닏	Name char	Number and street (or P.O. box if mail is not delivered to street address)	2 (, (Room	/suite	E Telephon									
-	Initial return					540 <i>-</i>	868-4078								
	Final return terminated	City or town, state or province, country, and ZIP or foreign postal code													
		Middletown VA 22645				G Gross red	ceipts \$ 10,654,043								
닏	Amended	F Name and address of principal officer:													
Ш	Application	pending Liv Heggoy		H(a	a) Is this a gro	up return for s	subordinates? Yes No								
		173 Skirmisher Lane		H(t) Are all sub	ordinates inc	luded? Yes No								
		Middletown VA 226	45		If "No,"	attach a list.	See instructions								
_	Tay ayana		(a)(1) or 527												
<u>-</u>	Tax-exem	laurelridgefoundation.org	(a)(1) 01 521												
<u>J</u>	Website:				Group exen										
		rganization: X Corporation Trust Association Other		L Year of t	formation: 1	980	M State of legal domicile:								
<u> </u>	art I	Summary													
	1 B	riefly describe the organization's mission or most significant activities:													
9		See Schedule O													
an															
ern															
Governance	2 0	Check this box if the organization discontinued its operations or disp	net assets.												
∞	3 N	lumber of voting members of the governing body (Part VI, line 1a)				3	19								
	4 1	lumber of independent voting members of the governing body (Part VI,	line 1b)			4	19								
itie	5 T	otal number of individuals employed in calendar year 2023 (Part V, line	23)			5	0								
Activities		Tatal mumala and tradumta and (antimate if management)					11								
Ă					. —	0									
	/a i	otal unrelated business revenue from Part VIII, column (C), line 12													
_	l p v	let unrelated business taxable income from Form 990-T, Part I, line 11.		<u></u>	Prior Yea	. 7b	Current Year								
		Contributions and grants (Part VIII line 1h)			3,128		2,126,357								
ne		Contributions and grants (Part VIII, line 1h)													
Revenue		Program service revenue (Part VIII, line 2g)				0,000	827,500								
Zev	10 lr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			2,979	1,313,931									
_	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) $_{\dots}$			2,292	35,424									
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A)			4,273		4,303,212								
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		427	7,428	554,397									
	14 B	Benefits paid to or for members (Part IX, column (A), line 4)					0								
Ś	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lir	nes 5-10)		177	7,772	90,351								
JSe		Professional fundraising fees (Part IX, column (A), line 11e)					0								
Expenses	b T	otal fundraising expenses (Part IX, column (D), line 25)	39,889												
ш	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,947	7,948	1,868,988								
	18 T	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25		• • •	2,553		2,513,736								
	1	Revenue less expenses. Subtract line 18 from line 12	7		1,720		1,789,476								
P &	1.5			Begi	nning of Curr		End of Year								
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)			35,003		36,269,627								
Ass	21 T	otal liabilities (Part X, line 26)			11,159		10,018,191								
E SE	22 N	let assets or fund balances. Subtract line 21 from line 20			23,843		26,251,436								
	art II	Signature Block				,,									
		alties of perjury, I declare that I have examined this return, including accompany	ing aphadulas and ata	tomonto one	to the best	of my kno	wuladge and halief it is								
		ct, and complete. Declaration of preparer (other than officer) is based on all info	•				wiedge and belief, it is								
0:-		Signature of officer				Date									
Sig															
He	re	Liv Heggoy	Executiv	re Dir	ector										
		Type or print name and title													
		Print/Type preparer's name Preparer's signature	<u> </u>		Date	Check	if PTIN								
Pai	d	James W. Kelly			11/05/	'24 self-em	nployed P01486083								
Pre	parer	Firm's name Robinson Farmer Cox Asso	ciates			rm's EIN	54-1896113								
Use	Only	10 Hedgerow DR			'"										
	-	Charatan 573 24401			D	hone no.	540-248-7300								
Max	the ID	Firm's address Scaunton, VA 24401 S discuss this return with the preparer shown above? See instructions					X Yes No								
ivia	uic IK	o discuss this return with the preparer shown above? See instructions.					145 NO								

Par		Service Accomplishments			X
_		tains a response or note to	any line in this Part III		A
	Briefly describe the organization's missionee Schedule O	n:			
	Public	Inspe	ection	Cor	
	Did the organization undertake any signif prior Form 990 or 990-EZ?		year which were not listed on the		Yes X No
	If "Yes," describe these new services on				
	Did the organization cease conducting, o services?		it conducts, any program		Yes X No
	If "Yes," describe these changes on Scho Describe the organization's program serv		te three largest program services	as measured by	
	expenses. Section 501(c)(3) and 501(c)(4				
	the total expenses, and revenue, if any, f			,	
	•				
Th ar de th	(Code:) (Expenses \$ ne Foundation awards nd/or fees. The schootermined by the schoole number of student aurel Ridge academic	olarships are awa olarship criteria s whose financial	assist students r rded based on nee . The scholarsh	ed and merit ip program r	as educes
Th fa	(Code:)(Expenses \$ ne Foundation provide aculty salaries,facil aurel Ridge employee	ities equipment	lemic and workfor		
	• • • • • • • • • • • • • • • • • • • •				
4c N	(Code:) (Expenses \$	including grar	nts of \$) (Revenue \$)
A al	Other program comises (Describe and Oct	andula O)			
	Other program services (Describe on Scl (Expenses \$	including grants of \$) (Revenue \$)
	Total program service expenses	2,322,045) (Revenue \$		J

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		x
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13		13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	- 1.00		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Г	Checklist of Required Schedules (Continued)					
22	Did the experimetion report more than 05 000 of ground or other against and to ay far democitic individual land				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual: Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	s on		22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				1	
	organization's current and former officers, directors, trustees, key employees, and highest compensate	d		m /	7	
	employees? If "Yes," complete Schedule J	1		23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			7		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer line	s 24b				
	through 24d and complete Schedule K. If "No," go to line 25a			24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the	year				
	to defease any tax-exempt bonds?			24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	ss bene	efit	250		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		_ A
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99	•				
	If "Voo." complete Schoolule I. Bort I.			25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any			200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		•			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trusted	e, 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	е				
	persons? If "Yes," complete Schedule L, Part III			27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Sche	edule				
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributo	r? <i>If</i>				
				28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	F				
	"Yes," complete Schedule L, Part IV			28c	37	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule			29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	d		20		x
24	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedul			30		X
31 32	Did the organization requires, terminate, or dissolve and cease operations? If res, complete scrieduli Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	e N, F	all I	31		_ A
32	complete Schedule N. Part II			32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu					
	costions 201 7701 2 and 201 7701 22 if "Van" complete Schodule B. Bort I			33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I					
	or IV, and Part V, line 1			34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			35a		Х
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	2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	le				
	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 organi	zation				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Pa			37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 1				7.7	
_ D	19? Note: All Form 990 filers are required to complete Schedule O.			38	X	<u> </u>
Pa	art 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				Vac	N'a
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	12	0		Yes	No
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1a 1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
J	reportable gaming (gambling) winnings to prize winners?			1c		

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority	y over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act	count	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \dots			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b		X
С	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	s or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods				
				7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?		1	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor			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			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ie			
				8		
9	Sponsoring organizations maintaining donor advised funds.					
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	400	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100		-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	Ha				
b	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)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l · · · · · · · · · · · · · · · · · · ·	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
а	In the company of the Brown of the force of the Brown of the Company of the Compa			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				
С	Enter the amount of reserves on hand	13c				
14a	Did the considering province and province the indeed temping coming during the target and			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera					
	excess parachute payment(s) during the year?			15		Х
	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 in	ncome	?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	ies				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2023) Laurel Ridge Community College 51-0247624 Page 6 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. X 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 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. Enter the number of voting members included on line 1a, above, who are independent 19 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? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 Did the organization have members or stockholders? 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? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe on Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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 List the states with which a copy of this Form 990 is required to be filed **None** 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. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

Laurel Ridge Community College Middletown

and financial statements available to the public during the tax year.

173 Skirmisher Lane

State the name, address, and telephone number of the person who possesses the organization's books and records.

VA 22645

540-868-4091

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orm 000 (2023)	T.aurel	Ridge	Community	College
01111 990 (2023)	Hauter	VTGGE		COTTEGE

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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)	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated Institutional trustee Institutional trustee			s both a or/truste employe	an e)	(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	
(1) Jim Watkins	0.00										
Chair	2.00 0.00	x		х				0	0	0	
(2) Joel Barkman	0.00										
Vice Chair	2.00	X		x				0	0	0	
(3) Cory Thompson	0.00	A		A		\vdash					
(,, , , , , , , , , , , , , , , , , , ,	2.00										
Treasurer	0.00	X		Х				0	137,097	47,613	
(4) Kimberly Blosser											
Secretary	2.00	x		х				0	223,179	82,652	
(5) Paul Adam	0.00	1							223,173	02,002	
	1.00										
Member (6) Trenton Clark	0.00	X			_	\vdash		0	0	0	
(6) ITEMCOM CLARK	1.00										
Member	0.00	X						0	0	0	
(7) Edwin Daley											
	1.00										
Member	0.00	X						0	0	0	
(8) Debbie Donehey	1.00										
Member	0.00	X						0	0	0	
(9) Anne Hall											
	1.00										
Member	0.00	X						0	0	0	
(10) Irene Hardesty	1.00										
Member	0.00	X						0	0	0	
(11) Suzan Herskowitz						\Box				-	
	1.00							_	_	_	
Member	0.00	X						0	0	000	

Form 990 (2023) Laurel Ridge Community College 51-0247624 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											Р	age 8		
(A) Name and title	(B) Average hours	(de	o not o	(C Posit check n) ion nore th	han one both an /trustee)		(D) Reportable compensation		(E) Reportable compensation		of oth	amount er	
Pub	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	or or	from the ganization (W-2/ 1099-MISC/ 1099-NEC)		from related organizations (W-2/ 1099-MISC/ 1099-NEC)	orga			S
(12) Dale Houff						╅								
(12)	1.00													_
Member	0.00	X		\vdash	_	_			0	0				0
(13) Brandon Lorey (13)	1.00													
Member	0.00	x							0	0				0
(14) Kellie Post														
(14)	1.00													_
Member	0.00	X				_			0	0				0
(15) Jason Rotz (15)	1.00													
Member	0.00	x							0	0				0
(16) Carl Rush														
(16)	1.00									_				_
Member (17) Doug Stallard	0.00	X				_			0	0				0
(17) Doug Stallard (17)	1.00													
Member	0.00	x							0	0				0
(18) Donna Whitley	-Smith													
(18)	1.00													_
Member	0.00	X		\vdash	_	_			0	0				0
(19) Liv Heggoy (19)	40.00													
Executive Director	0.00			$ \mathbf{x} $					0	124,061			40,4	405
1b Subtotal										484,337		1'	70,0	670
c Total from continuation shee									_	404 227		4,	70	
d Total (add lines 1b and 1c) . Total number of individuals (inc								sceived more than	 n_\$10	484,337			70,0	5/0
reportable compensation from			0	11036	iistet	u abo	ve) who re	cerved more than	ΠΨΙΟ	00,000 01				
2 Did the consciention list and fact		4	4					h 4 4 -			Г		Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"											L	3		Х
4 For any individual listed on line	1a, is the sum	of re	porta	able c	omp	ensati	on and oth	ner compensation	from					
organization and related organ individual	greater						complete	Scriedule J for st	исп			4	х	
5 Did any person listed on line 1	a receive or acc	rue o	comp	ensa	tion f	from a								37
for services rendered to the or Section B. Independent Contracto		es,"	comp	olete .	Sche	aule J	for such	person				5		X
1 Complete this table for your fiv		ensat	ed in	ndepe	nder	nt con	tractors the	at received more	than	\$100,000 of				
compensation from the organiz		mpe	nsati	on for	the	calen	dar year e				r.		(C)	
Name and	(A) business address							Desc	cription	of services		Co	(C) mpensati	on
						+								
-						\top								
2 Total number of independent c received more than \$100,000 c							se listed a	above) who		0				
DAA	compondation	., 511		Jiga						<u> </u>		For	. 990	(2023)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (C) Unrelated (D) Revenue excluded Total revenue function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns **b** Membership dues 1b c Fundraising events 1c **d** Related organizations 1d **e** Government grants (contributions) 1e f All other contributions, gifts, grants, 2,126,357 and similar amounts not included above 1f g Noncash contributions included in 974,048 lines 1a-1f 1g |\$ 2,126,357 h Total. Add lines 1a-1f 827,500 827,500 Program Service Revenue Facility Lease f All other program service revenue 827,500 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 568,872 568,872 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7,095,890 other than inventory Revenue **b** Less: cost or other 6,350,831 basis and sales exps. 745,059 c Gain or (loss) 7с 745,059 745,059 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **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 Business Code scellaneous Revenue 25,105 25,105 Management fee 10,319 Other income 10,319 d All other revenue 35,424 e Total. Add lines 11a-11d

4,303,212

1,607,983

Total revenue. See instructions

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			plete column (A).	
	· 1	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 10b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	lo o lo	CAPCISCS	успетаг схрепэсэ	Схрспэсэ
•	and domestic governments. See Part IV, line 21	11150	-) (; ()		
2	Grants and other assistance to domestic	11100			
_	individuals. See Part IV, line 22	554,397	554,397		
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				
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	90,351	68,821	21,530	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	CEC		CEC	
b	Legal	656		656	
C	Accounting	26,967		26,967	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	37,662		37,662	
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	31,002		31,002	
g					
12	(A) amount, list line 11g expenses on Schedule O.)	47,910		8,021	39,889
13	Advertising and promotion	1,440		1,440	33,003
14	Office expenses Information technology	1,110		1,110	
15	.				
16	Royalties Occupancy				
17	Travel				
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	533,705	533,705		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	423,785	423,785		
23	Insurance	19,281	7,147	12,134	
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.)	724 100	724 100		
a	Projects in support of LR	734,190	734,190	04 600	
b	Repairs & maintenance	24,622		24,622	
C C	Taxes and licenses	9,612 8,182		9,612 8,182	
d	Miscellaneous	976		976	
e 25	All other expenses	2,513,736	2,322,045	151,802	39,889
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	2,313,130	2,322,043	131,602	33,003
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

Part X **Balance Sheet**

Form 990 (2023)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 586,067 145,095 1 Savings and temporary cash investments 8,482,337 5,939,050 2 Pledges and grants receivable, net 457,489 356,680 3 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 22,477,861 10a basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 2,750,971 19,726,890 17,463,222 10c Investments—publicly traded securities 6,865,057 10,100,262 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 1,149,083 1,650 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33).... 35,003,255 36,269,627 16 16 634,522 Accounts payable and accrued expenses 175,936 17 17 18 18 Grants payable 810,000 402,500 Deferred revenue 19 19 5,118,752 5,013,006 Tax-exempt bond liabilities 20 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, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 4,555,187 4,426,749 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 41,512 of Schedule D 11,159,973 10,018,191 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 11,917,469 14,109,546 27 27 11,925,813 12,141,890 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 23,843,282 26,251,436 Total net assets or fund balances 32 35,003,255 36,269,627 Total liabilities and net assets/fund balances

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,5		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	3,8		
5	Net unrealized gains (losses) on investments	5		2	13,	<u>678</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		4	05,	000
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	2	6,2	51,4	<u>436</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			$oxedsymbol{oxed}$
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Laurel Ridge Community College Employer identification number Educational Foundation, Inc. 51-0247624 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). 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: X 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Nο Yes (A) (B) (C) (D) (E)

Total

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

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

Sec	tion A. Public Support						
Caler	ndar 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.")	834,441	1,494,019	1,594,526	3,128,354	2,126,357	9,177,697
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	834,441	1,494,019	1,594,526	3,128,354	2,126,357	9,177,697
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						9,177,697
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	834,441	1,494,019	1,594,526	3,128,354	2,126,357	9,177,697
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	273,893	224,926	198,466	257,636	568,872	1,523,793
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.)						
11	Total support. Add lines 7 through 10						10,701,490
12	Gross receipts from related activities, etc.	(see instructions)				12	3,382,965
13	First 5 years. If the Form 990 is for the or	ganization's first, se				3)	
	organization, check this box and stop here	ə					
Sec	tion C. Computation of Public Su	<u> </u>					
14	Public support percentage for 2023 (line 6,	column (f) divided	by line 11, column	(f))		14	85.76%
15	Public support percentage from 2022 Sche	dule A, Part II, line	14			15	88.47 %
16a	33 1/3% support test — 2023. If the orga	nization did not che	eck the box on line	13, and line 14 is 3	33 1/3% or more, o	check this	_
	box and stop here. The organization quali						X
b	33 1/3% support test — 2022. If the organ	nization did not che	ck a box on line 1	3 or 16a, and line 1	15 is 33 1/3% or m	ore, check	_
	this box and stop here . The organization of						L
17a	10%-facts-and-circumstances test — 20)23. If the organizat	ion did not check a	a box on line 13, 16	6a, or 16b, and line	e 14 is	
	10% or more, and if the organization meets						
	Part VI how the organization meets the fac organization		•	•			
b	10%-facts-and-circumstances test — 20						
-	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the				•	•	_
4.0	organization						L
18	Private foundation. If the organization did instructions						

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.)

Sec	tion A. Public Support	, ,		/ 1	'	/		
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Ins	sne	CTIO	n (//
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		JP O					<i>y</i>
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 Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3	(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							
С	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 or	•		•	\ /\	,		
Sec	organization, check this box and stop here tion C. Computation of Public Se	upport Percen	ntage					
15	Public support percentage for 2023 (line 8,	<u> </u>		n (f))			15	%
16	Public support percentage from 2022 Sche	edule A, Part III, lin	ie 15				16	%
	tion D. Computation of Investme							
17	Investment income percentage for 2023 (li	ne 10c, column (f)	, divided by line 13	, column (f))			17	%
18	Investment income percentage from 2022		II lina 17				18	%
19a	33 1/3% support tests — 2023. If the org							
	17 is not more than 33 1/3%, check this bo	ox and stop here .	The organization q	ualifies as a public	ly supported organ	nization		Ц
b	33 1/3% support tests — 2022. If the org							
	line 18 is not more than 33 1/3%, check thi							
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this box	and see instruction	ons		

Supporting Organizations Part IV

(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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С 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.
 - 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.)

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	1		
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Laurel Ridge Community College

Schedu	le A (Form 990) 2023 Laurel Ridge Community College 51-024762	24		Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	JA		
	provide detail in Part VI .	11c		
Secti	on 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		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
	<u> </u>		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? <i>If "No," explain in Part VI</i>			
	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	_		
Ū	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
·	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions)		
2	Activities Test. Answer lines 2a and 2b below.	[Yes	No
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. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
•	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
h	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

Schedul	e A (Form 990) 2023 Laurel Ridge Community Colle	ge	51-0247	624 Page 6
Part				<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. instructions. All other Type III non-functionally integrated supporting organizations must	20, 19	970 (explain in Part VI). Se	ee
Secti	on A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1),	n\/
2	Recoveries of prior-year distributions	2		UV
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		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	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		
Secti	on 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		

5

emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

4 Enter greater of line 2 or line 3. Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	Type III Non-Functionally Integrated 509(a)(3)		tions (continued)	4 /	OZ4 Page I
ı aı	Type iii Non-i unctionally integrated 303(a)(3)	Supporting Organiza	tions (continued)		
Sect	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity	octioi		2	MI/
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		3	IJV
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide detail	ils in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizat	ion is responsive		8	
	(provide details in Part VI). See instructions.	•			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	6	Distributable
	,		Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		110		
2	Underdistributions, if any, for years prior to 2023				
_	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	From 2019				
	From 2020				
d	From 2021				
	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
i	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				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
•	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
u	EXCOCC ITCHI LULL				

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Organization type (check one):

Laurel Ridge Community College Educational Foundation, Inc.

Employer identification number

51-0247624

Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
, ,	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See							
General Rule								
or more (in money or p	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
regulations under section 16b, and that received	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
contributor, during the y	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization descontributor, during the contributions totaled moduring the year for an eageneral Rule applies totaling \$5,000 or more								
totaling \$5,000 or more during the year Saution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it nust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 1, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).								

Employer identification number

Laurel Ridge Community College 51-0247624

Part I	Contributors (see instructions). Use duplicate copies of Pa	art i it additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	rubiic ilispec	\$ 341,375	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions \$ 75,215	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 101,971	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 937,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 51-0247624

Laurel Ridge Community College Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I Donated land 5 \$ 937,000 12/29/23 (a) No. (c) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.)

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.

2023

Open to Public Inspection

Employer identification number Name of the organization Laurel Ridge Community College Educational Foundation, Inc. 51-0247624 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 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year **a** Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. 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 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 Assets included in Form 990, Part X

Pa	art III Organizations Maintaining	g Collections of	Art, Historical Tre	easures, or Othe	r Simila	r Assets	(continu	ed)	
3	Using the organization's acquisition, accessic collection items (check all that apply).	on, and other records,	check any of the follow	ving that make signification	ant use of	its			
а	Public exhibition	d 🗍 I	Loan or exchange prog	ıram					
b	Scholarly research	е 🗍	Other						
С	Preservation for future generations	Inc	noct	IOD		On	17/		
4	Provide a description of the organization's c	ollections and explain	how they further the or	ganization's exempt pu	urpose in I	Part			
	XIII.								
5	During the year, did the organization solicit	or receive donations of	f art, historical treasure	s, or other similar					_
	assets to be sold to raise funds rather than	to be maintained as pa	art of the organization's	collection?			Yes	X	No
Pa	art IV Escrow and Custodial A	rrangements							
	Complete if the organization	n answered "Yes"	on Form 990, Par	t IV, line 9, or rep	orted an	amount o	n Form		
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ary 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	owing table.		_				
							Amount		
С	Beginning balance				L	1c			
d	Additions during the year				L	1d			
е	Distributions during the year				L	1e			
f	Ending balance				L	1f			
2a	Did the organization include an amount on F	Form 990, Part X, line	21, for escrow or custo	dial account liability?			Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the exp	olanation has been pro	vided on Part XIII					
Pa	art V Endowment Funds								
	Complete if the organization	n answered "Yes"	on Form 990, Par	t IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears b	ack
1a	Beginning of year balance	8,541,388	8,830,314	8,962,492	15,	904,722	14,6	90,	656
b	Contributions	159,250	1,207,000	1,506,393	2,	477,710	1,6	57,	471
С	Net investment earnings, gains, and								
	losses	1,148,248	-1,168,619	1,010,915		580,703	1,2	32,	356
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs	87,341	327,307	2,649,486	10,	000,643	1,6	75,	761
f	Administrative expenses								
g	End of year balance	9,761,545	8,541,388	8,830,314	8,	962,492	15,9	04,	722
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, column (a)) he	eld as:					
	Board designated or quasi-endowment	%							
b	Permanent endowment 100.00 %								
С	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organizat	ion that are held and a	dministered for the			_		
	organization by:						\	es/	No
	(i) Unrelated organizations?						3a(i)		Х
	(ii) Deleted conscientions						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiz						3b		
4	Describe in Part XIII the intended uses of the	e organization's endov	vment funds.						
Pa	art VI Land, Buildings, and Equ	uipment							
	Complete if the organization	n answered "Yes"	on Form 990, Par	t IV, line 11a. See	Form 9	90, Part X	, line 10)	
	Description of property	(a) Cost or other b	pasis (b) Cost or of	her basis (c) A	Accumulated		(d) Book va	alue	
		(investment)	(other	de de	preciation				
1a	Land		4,35	59,500			4,35	9,5	00
	Buildings	I	18,11	18,361 2	,750,9	971 :	15,36	7,3	390
С	Leasehold improvements								
	Equipment								
	Other	I							
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, line 10c, column (B))			19,72	6,8	90
_	·		·	· · · · · · · · · · · · · · · · · · ·				_	_

Part VII	Investments – Other Securities Complete if the organization answered "Yes" on	n Form 990 Part IV line	e 11h See Form 990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely he	eld equity interests	Actio	n L'onv
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
	n (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments - Program Related	.	
I alt viii	Complete if the organization answered "Yes" or	Form 990 Part IV line	e 11c. See Form 990. Part X. line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	V-/		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Гotal. (Columi	n (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
	Complete if the organization answered "Yes" on	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, line 15, col. (B))		
Part X	Other Liabilities		
I WILK	Complete if the organization answered "Yes" or	Form 990 Part IV line	e 11e or 11f See Form 990 Part X
	line 25.	r r orm ooo, r are rv, mre	5 116 61 111. 666 1 6111 666, 1 dit 7t,
l.	(a) Description of liabilit	ly	(b) Book value
	income taxes	·	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, line 25, col. (B))		
	uncertain tax positions. In Part XIII, provide the text of the foo	otnote to the organization's fir	nancial statements that reports the
-	liability for uncertain tax positions under FASB ASC 740. Che		

Pa	rt XI	Reconciliation of Revenue per Audited Fin Complete if the organization answered "Yes"			•	turn	
1	Total reve	nue, gains, and other support per audited financial state		LIV,	iiile 12a.	1	4,970,254
2		ncluded on line 1 but not on Form 990, Part VIII, line 12:					1,310,231
a		lized gains (losses) on investments	1	2a	213,678		
b		services and use of facilities		2b	491,026		M1/
c		s of prior year grants		2c			1() \/
d	Other (De	scribe in Part XIII.)		2d			l y
е	Add lines	2a through 2d	· · · · · · · · · · · · · · · · · · ·			2e	704,704
3	Subtract	ine 2e from line 1				3	4,265,550
4		ncluded on Form 990, Part VIII, line 12, but not on line 1:					
а	Investme	t expenses not included on Form 990, Part VIII, line 7b		4a	37,662		
b		scribe in Part XIII.)		4b			
С	Add lines	4a and 4b				4c	37,662
_5	Total reve	nue. Add lines 3 and 4c. (This must equal Form 990, Pal				5	4,303,212
Pa	art XII	Reconciliation of Expenses per Audited F				Retur	rn
		Complete if the organization answered "Yes"	on Form 990, Par	t IV,	line 12a.		
1						1	2,967,100
2		ncluded on line 1 but not on Form 990, Part IX, line 25:	1				
а		services and use of facilities		2a	491,026		
b	Prior yea	adjustments		2b			
С	Other los	ses		2c			
d		scribe in Part XIII.)		2d			404 006
е		2a through 2d				2e	491,026
3		ine 2e from line 1				3	2,476,074
4		ncluded on Form 990, Part IX, line 25, but not on line 1:		.	27 662		
a		t expenses not included on Form 990, Part VIII, line 7b		4a	37,662		
b		scribe in Part XIII.)	L	4b		40	37,662
с 5		4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, P				4c 5	2,513,736
		Supplemental Information	art 1, IIIIC 10.)				2,313,730
		criptions required for Part II, lines 3, 5, and 9; Part III, lines	s 1a and 4 [.] Part IV line	es 1h	and 2h: Part V line 4: Part	X lin	ie
		2d and 4b; and Part XII, lines 2d and 4b. Also complete				, iii	
		Line 4 - Intended Uses for					
T	he Fo	undation's endowment funds we	ere establis	she	d for a varie	ty	of purposes
							
a	nd are	donor-restricted, the main	purpose is	to	maintain fun	ds	that are to
b	e awa:	ded as scholarships to assis	st students	wi	th tuition, b	ook	s, and
f	ees.						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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 Inspection

% |X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Employer identification number Yes 51-0247624 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 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? noncash assistance (e) Amount of (d) Amount of cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Ridge Community College Inc. General Information on Grants and Assistance (p) EIN Educational Foundation, Enter total number of other organizations listed in the line 1 table (a) Name and address of organization or government Laurel Name of the organization Part Part II Ξ 8 ල 4 9 9 6 8 <u>ඉ</u>

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

Schedule I (Form 990) 2023

m 990) 2023 Laurel Ridge Community College 51-0247624

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be diminated if additional charge is needed Schedule I (Form 990) 2023

Part III Grants an

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Laurel Ridge Community College

Educational Foundation, Inc.

Employer identification number 51-0247624

Pa	art I Questions Regarding Compensation						V		
								Yes	No
1a	a Check the appropriate box(es) if the organization provided any of the following to	or for a pe	rson listed	on Form		_			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.								
	First-class or charter travel X Housing allowance or residence for personal use								
	Travel for companions Payments for	or business ι	use of pers	sonal residenc	e				
	Tax indemnification and gross-up payments Health or so	ocial club due	es or initiat	ion fees					
	Discretionary spending account Personal se	rvices (such	as maid,	chauffeur, che	ef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written	policy regard	ling payme	ent					
	or reimbursement or provision of all of the expenses described above? If "No," of	omplete Par	t III to						1
	explain						1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expe	nses incurred	d by all						
	directors, trustees, and officers, including the CEO/Executive Director, regarding								
	1a?						2	Х	
3									
	organization's CEO/Executive Director. Check all that apply. Do not check any b			l by a					
	related organization to establish compensation of the CEO/Executive Director, b								
		oloyment con							
		on survey or	-						
	Form 990 of other organizations Approval by	the board o	r compens	ation committ	ee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a,	with respect	to the filin	n					
•	organization or a related organization:	with respect	to the min	9					
а	Pageira a severance neumant or change of central neumant?						4a		х
b	participate in or receive payment from a supplemental nonqualified retirement p						4b		Х
С	Participate in or receive payment from an equity-based compensation arrangem	10					4c		х
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts								
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete	ete lines 5-	- 9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization	pay or accr	ue any						
	compensation contingent on the revenues of:								
а	The organization?						5a		X
b	Any related organization?						5b		X
	If "Yes" on line 5a or 5b, describe in Part III.								
•	Formula Balada and Formula Control Control Annual A								
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization	pay or accri	ue any						
_	compensation contingent on the net earnings of:						C-		х
	The organization?						6a 6b		X
D	Any related organization?						dD		A
	If "Yes" on line 6a or 6b, describe in Part III.								
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization	n provide anv	/ nonfixed						
-							7		x
8		a contract th	nat was su	oject			Ė		
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)			,					
	in Part III						8		x
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption pro	ocedure desc	cribed in						
	Regulations section 53.4958-6(c)?						9		

Schedule J (Form 990) 2023

Part II

51-0247624

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

	(B) Breakdown of W-2	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	99-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(ii) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	n column (B) reported as deferred on prior Form 990
Cory Thompson	0	0	0		0	0	0
1 Treasurer (6	(ii) 137,097			0	47,613	184,710	0
Kimberly Blosser	0 (i)	0	0	0	0	0	0
2 Secretary (6	(ii) 203,179		20,000	20	62,652	305,831	0
- A	0 (i)	0	0	0	0	0	0
Director	(ii) 124,061		0	0	40,405	164,466	0
	(1)						
9	(ii)						
))	(II)						
9	(i) (ii)						
)	(ii)						
)	(i) (ii)						
)	(ii)						
	(ii)						
11	(i) (ii)						
12 (0	(11)						
13	(11)						
14	(I) (II)						
15	(i) (ii)						
16	(ii)						

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023 Laurel Ridge Community College
Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

Community College

Ridge

Laurel

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection 2023

Employer identification number

OMB No. 1545-0047

õ × (i) Pooled financing å Yes Ω ž (h) On behalf of 51-0247624 Yes Yes õ × (g) Defeased Yes ô ပ Yes (f) Description of purpose See Part å Ω 8,400,000 Yes (e) Issue price 8,400,000 98,704 127,118 8,400,000 5,207,737 ŝ × × 2014 12/28/12 (d) Date issued Yes × × 54-2053914 C42844904 (c) CUSIP # Inc Were the bonds issued as part of a refunding issue of tax-exempt bonds (or Does the organization maintain adequate books and records to support the 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if (b) Issuer EIN Foundation issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Educational 16 Has the final allocation of proceeds been made? 9 Working capital expenditures from proceeds Bonds Capital expenditures from proceeds 8 Credit enhancement from proceeds 2 Amount of bonds legally defeased 5 Capitalized interest from proceeds (a) Issuer name 4 Gross proceeds in reserve funds 6 Proceeds in refunding escrows Year of substantial completion 7 Issuance costs from proceeds **Bond Issues** IDA final allocation of proceeds? Proceeds Other unspent proceeds 1 Amount of bonds retired 3 Total proceeds of issue Other spent proceeds County A Clarke Part I Part II 4 9 17 Ω ပ

Schedule K (Form 990) 2023

51-0247624	
College	
nunity	

Discussion Laurel Ridge Community Colle	ge	51-0247624	24					Page 2
rait iii Tivate Dusilless Ose		4		8		O		
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes		Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?	1	×						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		×						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		×						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		×						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a								
result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
H		×						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		×						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		×						
Part IV Arbitrage								
		4		В		O.		٥
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No.	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Reparts?		×						
Z II NO WILLE I, did use tollowing apply? Rehate not disa vet?		×						
		×						
		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		×						
							Schedul	Schedule K (Form 990) 2023

4a Has the organization or the governmental issuer entered into a qualified	Yes	_S	Yes					
hadra with respect to the bond issue?			2	No	Yes	No	Yes	S _o
	4 1	×						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		×						
7 Has the organization established written procedures to monitor the		>						
Part V Procedures To Undertake Corrective Action		•						
		A		В		C	Q	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		×						
Part VI Supplemental Information. Provide additional information for	tion for respo	responses to ques	questions on Sc	Schedule K. Se	See instructions	S.		
Schedule K - Purpose of Issue Description	۲							
e County IDA Bonds		1						
ď	multi-purpose	student	union	building	for			
Laurel Ridge Community College's Middletow	cown Campus	ıs.						
440							Schedule	Schedule K (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

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

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

OMB No. 1545-0047

Name	of the organ	ization			4.1	Employer identification num	er	
			al Fo	undation, In	contin	51-0247624		
Pa	art I	Types of Property						
		Typod of Hopothy	(a)	(b)	(c)	(d)		
			Check if	Number of contributions or	Noncash contribution	Method of determining		
			applicable	items contributed	amounts reported on	noncash contribution amounts		
4	Λ t .	arka of ort	<u> </u>		Form 990, Part VIII, line 1g			
1	AIL — VV	orks of art						
2	Art F	storical treasures						
3	Art — Fr	actional interests						
4		nd publications						
5	-	and household						
	goods							
6	Cars an	d other vehicles						
7	Boats a	nd planes						
8	Intellect	ual property						
9	Securitie	es — Publicly traded	Х	2	7,616	Fair market value		
10	Securitie	es — Closely held stock						
11		es — Partnership, LLC,						
	or trust	interests						
12	Securitie	es — Miscellaneous						
13	Qualified	d conservation						
	contribut	tion — Historic						
	structure	es						
14		conservation						
	contribut	tion — Other						
15	Real es	tate — Residential						
16	Real es	tate — Commercial						
17		tate — Other	Х	1	937,000	Appraisal value		
18		les			,			
19	Food in	ventory						
20	Drugs a	nd medical supplies						
21		ny						
22	Historica	al artifacts						
23	Scientific	specimens						
24	Archeolo	ogical artifacts						
25	Other (Other)	x	2	29,432	Fair market value		
26	Other ()			23/132	Turr market varae		
27	O:1 /)						
28	Other ()						
		of Forms 8283 received by t	the organiz	ation during the tax year	for contributions for			
29		e organization completed Fo	•	0 ,		29		
	WITICH II	le organization completed Fo)IIII 0203, I	ant v, Donee Acknowled	agement	29	Yes	No
20-	Duraina au A	h			, namental in Dant I lines 4.	Manage de la companya del companya de la companya del companya de la companya de	163	NO
30a	•	he year, did the organization	•	, , , ,	· ·	9		
		it must hold for at least 3 year						v
				period?		30	a	X
b		describe the arrangement in						
31		e organization have a gift acc	ceptance p	olicy that requires the re	view of any nonstandard			l
	contribut					3		X
32a		e organization hire or use thi	rd parties	or related organizations to	o solicit, process, or sell no			
	contribut					32	а	X
b		describe in Part II.						
33	If the or	ganization didn't report an am	nount in co	umn (c) for a type of pro	perty for which column (a) i	s checked,		
	describe	in Part II.						

Part II	the organization is reporting	in Part I, column (b), the numb	ed by Part I, lines 30b, 32b, and 33, and whether er of contributions, the number of items received,
	or a combination of both. A	lso complete this part for any ac	dditional information.
	Public	Inspec	tion Copy
•			
•			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

Laurel Ridge Community College Educational Foundation, Inc.

Employer identification number 51-0247624

Form 990 - Organization's Mission

The mission of Laurel Ridge Community College is to provide a positive, caring and dynamic learning environment that inspires student success, values diversity and promotes community vitality. In support of that mission, the Laurel Ridge Community College Educational Foundation seeks funding to support the College, its students, and its faculty and staff.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
All board members are sent a draft of the 990 for review. The executive committee reviews and approves the Form 990 prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Conflict of interest forms are required for all board members when they

join. Annually, the board members are asked if any conflicts have arisen

and any noted are reviewed by the board.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The executive director's pay and benefits are set by the Commonwealth of

Virginia, which determines those amounts under state compensation criteria.

The Foundation has no control over these amounts.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available to the public upon request.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part I

Related Organizations and Unrelated Partnerships

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.

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

Laurel Ridge Community College

Educational Foundation,

Inc.

2023

OMB No. 1545-0047

Open to Public Inspection Employer identification number

51-0247624

Schedule R (Form 990) 2023 Section 512(b)(13)
controlled entity? (f)
Direct controlling entity × 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. N/A N/A N/A (f)
Direct controlling entity (e) End-of-year assets N/A (e)
Public charity status
(if section 501(c)(3)) N (d) Total income (d) Exempt Code section 501c3 (c)
Legal domicile (state
or foreign country) ₹ N ₹ N Y. (c)
Legal domicile (state or foreign country) ΥA Real Estat Real Estat Real Estat (b) Primary activity (b) Primary activity Education 51-0247624 51-0247624 51-0247624 51-1268293 (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization 22645 22645 22645 22645 Laurel Ridge Community College Υ_Α ¥. K. Y. LRCCEF Middletown, LLC LRCCEF Warrenton, LLC 173 Skirmisher Lane 173 Skirmisher Lane 173 Skirmisher Lane 173 Skirmisher Lane LRCCEF Luray, LLC Middletown Middletown Middletown Middletown Part II Ξ 8 ල Ξ 9 8 9 4 <u>ල</u> <u>4</u>

Page 2 (i) Section 512(b)(13) controlled entity? (k) Percentage ownership Yes No (j) General or Yes No managing partner? 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. 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. Percentage ownership Ξ amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc.? Yes (B (g) Share of end-of-year assets Share of total income (f) Share of total (C corp, S corp, income Type of entity or trust) (d)
Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) 51-0247624 (d)
Direct controlling Pentity (c) Legal domicile foreign country) (state or (c)
Legal
domicile
(state or
foreign Laurel Ridge Community College Primary activity Primary activity (a) Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Schedule R (Form 990) 2023 Part IV Ξ 8 <u>ල</u> 4 Ξ 8 <u>ල</u> 4 Schedule R (Form 990) 2023

DAA

Schedule R (Form 990) 2023 Laurel Ridge Community College

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes	2
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?	Parts II–IV?		4	-	,
b Gift, grant, or capital contribution to related organization(s)				19 7	` ×	ا
				10	_	×
d Loans or loan guarantees to or for related organization(s)				1d	^	×
e Loans or loan guarantees by related organization(s)				1e	_	×
f Dividends from related organization(s)				11	^	×
g Sale of assets to related organization(s)				19	_	×
h Purchase of assets from related organization(s)				1h		×
				i-	_	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×	
				;		
k Lease of facilities, equipment, or other assets from related organization(s)				¥	1	×
I Performance of services or membership or fundraising solicitations for related organization(s)				=	7	×
m Performance of services or membership or fundraising solicitations by related organization(s)				Jm L	^	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	^	×
 Sharing of paid employees with related organization(s) 				10	×	
					'	
p Reimbursement paid to related organization(s) for expenses				1p	^	×
Reimbursement paid by related organization(s) for expenses				19	^	×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				18	^	×
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	ine, including covered rela	ationships and transaction	thresholds.			
(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved	unt involved		
(1) Laurel Ridge Community College	ą	1,288,587	Fair market value	a		
(2) Laurel Ridge Community College	Ċ	827,500	Fair market value	Φ		
(3) Laurel Ridge Community College	0	491,026	Fair market value	a		
(4)						
(5)						
(9)						
			Schedule R (Form 990) 2023	۲ (Form	990) 2	023

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Schedule R (Form 990) 2023 Laurel Ridge Community College

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.

Primary activity Legal minelabel, accurded foreign from tax under country) sections 512-514) sections 512-514)	Control Cont	(a)	,	(a)		(b)	(e)			(h)	(i)	(0)	(k)
No.	Act No No No No No No No N	Name, address, and EIN		Primary activity	Legal domicile i (state or ur foreign	Predominant income (related, nrelated, excluded from tax under	Are all partne section 501(c)(3) organizations'			noportionate locations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
						sections 512-514)	Yes No	T_	<u> ×</u>				
(5) (6) (9) (10) (11)		(1)											
(3) (4) (6) (6) (7) (8) (9) (10) (11)													
(6) (6) (6) (9) (10) (11) (11)		(2)											
(9)													
(4)		(3)											
(4)													
(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		(4)											
(6) (6) (7) (9) (10) (11)													
(4)		(5)											
(i) (i) (ii) (iii)													
(4)		(9)											
(7) (8) (9) (10) (11)													
(9) (9) (10) (11)		(2)											
(10)													
(9) (10) (11)		(8)											
(10)													
(10)		(6)											
(10)													
(41)		(10)											
(11)													
		(11)											
	Schedule R (Form 990) 2023												

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Laurel Ridge Community College Name(s) shown on return Educational Foundation, Inc

Identifying number 51-0247624

	Laacac	<u> </u>	<u>acron, rnc.</u>			-	<u> </u>	, o <u> </u>
	ess or activity to which this form relate ndirect Depreciat	ion	ispe	Ctic	<u>n</u>		0	DV
Pa			erty Under Section		omplete Dort			
1	Maximum amount (see instruction		v, complete Part V b		•		1	1,160,000
2	Total cost of section 179 property		inotructions)				2	1,100,000
3	Threshold cost of section 179 pro						3	2,890,000
4	Reduction in limitation. Subtract li		or loss optor O				4	
5	Dollar limitation for tax year. Subtract li						5	
6	· · · · · · · · · · · · · · · · · · ·	on of property		Cost (business use		Elected cost		
7	Listed property. Enter the amount	t from line 29			7			
8	Total elected cost of section 179	property. Add amounts	in column (c), lines 6 ar	nd 7			8	
9	Tentative deduction. Enter the sr	maller of line 5 or line 8	3				9	
10	Carryover of disallowed deduction	n from line 13 of your 2	022 Form 4562				10	
11	Business income limitation. Enter		•	,		s	11	
12	Section 179 expense deduction.	Add lines 9 and 10, but	don't enter more than li	ne 11			12	
13	Carryover of disallowed deduction		,		13			
	: Don't use Part II or Part III below	1 1 7						
			nd Other Deprecia			d proper	ty. Se	e instructions.)
14	Special depreciation allowance for		her than listed property)	placed in serv	rice			
	during the tax year. See instruction						14	
15	Property subject to section 168(f)	* * * * * * * * * * * * * * * * * * * *					15	402 704
16	Other depreciation (including AC						16	423,784
Pa	art III MACRS Deprecia	ttion (Don't includ	e listed property. S Section A	ee instructio	ons.)			
17	MACRS deductions for assets pla	and in contine in tax w		າດຈ			17	0
18	If you are electing to group any assets place	•					17	
10			vice During 2023 Tax `				vstem	
	30000000	(b) Month and year	(c) Basis for depreciation	(d) Recovery			70.0	
	(a) Classification of property	placed in service	(business/investment use only–see instructions)	period	(e) Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
c	7-year property							
d	10-year property							
e	15-year property							
	20-year property			_				
	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property Section C. A	anata Diagod in Comi	as During 2002 Tay Va	an Haina tha	MM	S/L		
200	Class life	ssets Placed in Servi	ce During 2023 Tax Ye	ar Using the	Alternative Dep			П
			_	12 μm		S/L S/L		
	12-year 30-year			12 yrs. 30 yrs.	MM	S/L		
	oo-year				 	_		
A	40-year			I A∩ vre				
d P:		estructions)		40 yrs.	MM	S/L		
Pa	art IV Summary (See in			40 yrs.	IVIIVI] 5/L		
	Art IV Summary (See in Listed property. Enter amount from	m line 28	nes 19 and 20 in column				21	
P a	art IV Summary (See in	m line 28lines 14 through 17, lin		(g), and line 2	21. Enter			423,784

