

Form **990EZ**

Department of the Treasury  
Internal Revenue Service

Short Form

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-1150

2020

Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020**

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
VIRGINIAFOREVER

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite  
GATEWAY PLAZA 800 EAST CANAL ST

City or town, state or province, country, and ZIP or foreign postal code  
RICHMOND, VA 232194030

**D** Employer identification number  
20-5000905

**E** Telephone number  
(804) 775-1978

**F** Group Exemption Number

**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►

**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I Website:** ► WWW.VIRGINIAFOREVER.ORG

**J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ► \$ 163,300

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☒

|            |           |                                                                                                                                                                                                                             |           |         |
|------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| Revenue    | <b>1</b>  | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                                        | <b>1</b>  | 70,809  |
|            | <b>2</b>  | Program service revenue including government fees and contracts . . . . .                                                                                                                                                   | <b>2</b>  |         |
|            | <b>3</b>  | Membership dues and assessments . . . . .                                                                                                                                                                                   | <b>3</b>  | 88,252  |
|            | <b>4</b>  | Investment income . . . . .                                                                                                                                                                                                 | <b>4</b>  | 1,816   |
|            | <b>5a</b> | Gross amount from sale of assets other than inventory . . . . .                                                                                                                                                             | <b>5c</b> |         |
|            | <b>b</b>  | Less: cost or other basis and sales expenses . . . . .                                                                                                                                                                      |           |         |
|            | <b>c</b>  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .                                                                                                                           |           |         |
|            | <b>6</b>  | Gaming and fundraising events                                                                                                                                                                                               | <b>6d</b> |         |
|            | <b>a</b>  | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .                                                                                                                                             |           |         |
|            | <b>b</b>  | Gross income from fundraising events (not including \$ 70,809 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . |           |         |
|            | <b>c</b>  | Less: direct expenses from gaming and fundraising events . . . . .                                                                                                                                                          |           |         |
| Expenses   | <b>d</b>  | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .                                                                                                                | <b>6d</b> | -1,342  |
|            | <b>7a</b> | Gross sales of inventory, less returns and allowances . . . . .                                                                                                                                                             | <b>7c</b> |         |
|            | <b>b</b>  | Less: cost of goods sold . . . . .                                                                                                                                                                                          |           |         |
|            | <b>c</b>  | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .                                                                                                                                    |           |         |
|            | <b>8</b>  | Other revenue (describe in Schedule O) . . . . .                                                                                                                                                                            | <b>8</b>  |         |
|            | <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .                                                                                                                                                     | <b>9</b>  | 159,535 |
|            | <b>10</b> | Grants and similar amounts paid (list in Schedule O) . . . . .                                                                                                                                                              | <b>10</b> |         |
|            | <b>11</b> | Benefits paid to or for members . . . . .                                                                                                                                                                                   | <b>11</b> |         |
|            | <b>12</b> | Salaries, other compensation, and employee benefits . . . . .                                                                                                                                                               | <b>12</b> |         |
|            | <b>13</b> | Professional fees and other payments to independent contractors . . . . .                                                                                                                                                   | <b>13</b> | 112,241 |
| Net Assets | <b>14</b> | Occupancy, rent, utilities, and maintenance . . . . .                                                                                                                                                                       | <b>14</b> |         |
|            | <b>15</b> | Printing, publications, postage, and shipping . . . . .                                                                                                                                                                     | <b>15</b> |         |
|            | <b>16</b> | Other expenses (describe in Schedule O) . . . . .                                                                                                                                                                           | <b>16</b> | 5,048   |
|            | <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16 . . . . .                                                                                                                                                                    | <b>17</b> | 117,289 |
|            | <b>18</b> | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                                                                                   | <b>18</b> | 42,246  |
|            | <b>19</b> | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .                                                                  | <b>19</b> | 184,658 |
|            | <b>20</b> | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                                                                                                                              | <b>20</b> |         |
|            | <b>21</b> | Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .                                                                                                                                           | <b>21</b> | 226,904 |
|            |           |                                                                                                                                                                                                                             |           |         |
|            |           |                                                                                                                                                                                                                             |           |         |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2020)

Check if the organization used Schedule O to respond to any question in this Part II ☒

|                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                          |                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Part III</b>                                                                                                                                                                                                                                                                                                                                      | <b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)<br>Check if the organization used Schedule O to respond to any question in this Part III . . <input checked="" type="checkbox"/> | <b>Expenses</b><br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |
| What is the organization's primary exempt purpose?<br>TO FURTHER THE COMMON GOOD AND GENERAL WELFARE OF THE CITIZENS OF VIRGINIA BY BRINGING ABOUT CIVIC IMPROVEMENT THROUGH INCREASED PUBLIC INVESTMENT AND THE COMMITMENT OF STATE FUNDS TO PROTECT AND RESTORE NATURAL RESOURCES LOCATED IN THE COMMONWEALTH, WITH AN EMPHASIS ON LAND AND WATER. |                                                                                                                                                                                                                          |                                                                                                       |
| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.                                                          |                                                                                                                                                                                                                          |                                                                                                       |

Check if the organization used Schedule O to respond to any question in this Part III . ☒

TO FURTHER THE COMMON GOOD AND GENERAL WELFARE OF THE CITIZENS OF VIRGINIA BY BRINGING ABOUT CIVIC IMPROVEMENT THROUGH INCREASED PUBLIC INVESTMENT AND THE COMMITMENT OF STATE FUNDS TO PROTECT AND RESTORE NATURAL RESOURCES LOCATED IN THE COMMONWEALTH, WITH AN EMPHASIS ON LAND AND WATER.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Grants \$ ) If this amount includes foreign grants, check here . . . ► ☐

29

(Grants \$ ) If this amount includes foreign grants, check here . . . ► ☐

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30

(Grants \$ ) If this amount includes foreign grants, check here . . . ☐

21. Other \_\_\_\_\_ (Do not include Grants \$ \_\_\_\_\_)

**31** Other program services (describe in Schedule U) . . . . . ☐

(Grants \$ ) If this amount includes foreign grants, check here . . . ☐

|                                                                      |           |           |        |
|----------------------------------------------------------------------|-----------|-----------|--------|
| <b>32 Total program service expenses</b> (add lines 28a through 31a) | . . . . . | <b>32</b> | 89,634 |
|----------------------------------------------------------------------|-----------|-----------|--------|

Check if the organization used Schedule U to respond to any question in this Part IV. . . . . ☐

Form **990-EZ** (2020)

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. ☐

|                                                                                                                                                                                                                                                                                                                                                        | Yes        | No  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----|
| <b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .                                                                                                                                                                | <b>33</b>  | No  |
| <b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. . . . .                                                                           | <b>34</b>  | No  |
| <b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .                                                                                                                                              | <b>35a</b> | No  |
| <b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                          | <b>35b</b> |     |
| <b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .                                                                                                                    | <b>35c</b> | Yes |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                                                                                                  | <b>36</b>  | No  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>                                                                                                                                                                                                                                  |            |     |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                       | <b>37b</b> | No  |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .                                                                                                      | <b>38a</b> | No  |
| <b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                                                                                                          | <b>38b</b> |     |
| <b>39</b> Section 501(c)(7) organizations. Enter: . . . . .                                                                                                                                                                                                                                                                                            |            |     |
| <b>a</b> Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                        | <b>39a</b> |     |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                                                                                                               | <b>39b</b> |     |
| <b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ . . . . .                                                                                                                                                                          |            |     |
| <b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . | <b>40b</b> | No  |
| <b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ . . . . .                                                                                                                                      |            |     |
| <b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ . . . . .                                                                                                                                                                                                        |            |     |
| <b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .                                                                                                                                                                            | <b>40e</b> | No  |
| <b>41</b> List the states with which a copy of this return is filed. ▶ . . . . .                                                                                                                                                                                                                                                                       |            |     |
| <b>42a</b> The organization's books are in care of ▶ VIRGINIAFOREVER Telephone no. ▶ (804) 775-1920<br>Located at ▶ 901 EAST CARY STREET RICHMOND, VA ZIP + 4 ▶ 23219                                                                                                                                                                                  |            |     |
| <b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .<br>If "Yes," enter the name of the foreign country: ▶ . . . . .                            | <b>42b</b> | No  |
| See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). . . . .                                                                                                                                                                                                         |            |     |
| <b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .<br>If "Yes," enter the name of the foreign country: ▶ . . . . .                                                                                                                                                                     | <b>42c</b> | No  |
| <b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>                                                                                           |            |     |
| <b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                                | <b>44a</b> | No  |
| <b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .                                                                                                                                                                                           | <b>44b</b> | No  |
| <b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .                                                                                                                                                                                                                                              | <b>44c</b> | No  |
| <b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                | <b>44d</b> |     |
| <b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .                                                                                                                                                                                                                                           | <b>45a</b> | No  |
| <b>45b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .                                                                                | <b>45b</b> | No  |

|           |                                                                                                                                                                                             |            |           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|           |                                                                                                                                                                                             | <b>Yes</b> | <b>No</b> |
| <b>46</b> | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | <b>46</b>  | No        |

**Part VI Section 501(c)(3) Organizations Only**  
All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

|            |                                                                                                                                                                      |            |           |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|            |                                                                                                                                                                      | <b>Yes</b> | <b>No</b> |
| <b>47</b>  | 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 . . . . . | <b>47</b>  |           |
| <b>48</b>  | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .                                                       | <b>48</b>  |           |
| <b>49a</b> | Did the organization make any transfers to an exempt non-charitable related organization? . . . . .                                                                  | <b>49a</b> |           |
| <b>49b</b> | If "Yes," was the related organization a section 527 organization? . . . . .                                                                                         | <b>49b</b> |           |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |
|                                     |                                                |                                                   |                                                                                         |                                            |

**f** Total number of other employees paid over \$100,000 . . . . . **▶** \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |
|                                                              |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000. . . . . **▶** \_\_\_\_\_

**52** Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . **▶** ☐ **Yes** ☐ **No**

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

|                               |                                                                        |                      |                    |                                                 |                   |
|-------------------------------|------------------------------------------------------------------------|----------------------|--------------------|-------------------------------------------------|-------------------|
| <b>Sign Here</b>              | *****<br>Signature of officer                                          |                      | 2021-08-27<br>Date |                                                 |                   |
|                               | MATT WELLS CHAIR<br>Type or print name and title                       |                      |                    |                                                 |                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>GEORGE G CROWELL CPA                     | Preparer's signature | Date<br>2021-08-27 | Check <input type="checkbox"/> if self-employed | PTIN<br>P00585821 |
|                               | Firm's name <b>▶</b> HARRIS HARDY & JOHNSTONE PC                       |                      |                    | Firm's EIN <b>▶</b> 54-1451026                  |                   |
|                               | Firm's address <b>▶</b> 300 ARBORETUM PL STE 660<br>RICHMOND, VA 23236 |                      |                    | Phone no. (804) 560-0560                        |                   |

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

Additional Data

Software ID:  
Software Version:  
EIN: 20-5000905  
Name: VIRGINIAFOREVER

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. |  | Expenses<br>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--------|
| 28 THE ORGANIZATION ADVOCATES FOR THE PROTECTION OF VIRGINIA'S NATURAL RESOURCES.<br>(Grants \$ )                                                                                                                                                                                           |  | 28a                                                                                            | 89,634 |
| If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                         |  |                                                                                                |        |

**Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees**

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

| <b>(a) Name and title</b>                                                                                | <b>(b) Average hours per week devoted to position</b> | <b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b> | <b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b> | <b>(e) Estimated amount of other compensation</b> |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------|
| PHIL ABRAHAM  DIRECTOR  | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| DOUG BAXTER  DIRECTOR   | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| HEDRICK BELIN  DIRECTOR | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| MARK BOWLES  DIRECTOR   | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| KEVIN FINTO  DIRECTOR   | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| TED HENIFIN  DIRECTOR   | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| RON JEFFERSON  DIRECTOR | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| LISA KARDELL  DIRECTOR  | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| TIM KENNEL  DIRECTOR    | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| STEWART LEETH  DIRECTOR | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| MAMIE PARKER  DIRECTOR  | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| NIKKI ROVNER  DIRECTOR  | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| PEGGY SANNER  DIRECTOR  | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| KYLE SHREVE  TREASURER  | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| BILL STREET  DIRECTOR | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |

**Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees**

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

| <b>(a) Name and title</b>                                                                                   | <b>(b) Average hours per week devoted to position</b> | <b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b> | <b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b> | <b>(e) Estimated amount of other compensation</b> |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------|
| JIM THORNTON  DIRECTOR     | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| AMANDA TORNABENE  DIRECTOR | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| DENNIS H TREACY  DIRECTOR  | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| KENDALL TYREE  VICE-CHAIR  | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| MATT WELLS  CHAIR          | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| JENNY WEST  DIRECTOR       | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| HOBAY BAUGHAN  DIRECTOR    | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| MIKE BAUM  DIRECTOR        | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| BOB BURNLEY  DIRECTOR      | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| TEE CLARKSON  DIRECTOR     | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| PATRICK COADY  DIRECTOR    | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| NISSA DEAN  DIRECTOR       | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| ALLISON CLOCK  DIRECTOR    | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| COREY CONNORS  DIRECTOR    | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| DREW DUPUY  DIRECTOR     | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |

**Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees**

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

| <b>(a) Name and title</b>                                                                                     | <b>(b) Average hours per week devoted to position</b> | <b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b> | <b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b> | <b>(e) Estimated amount of other compensation</b> |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------|
| BEN EUBANKS  DIRECTOR        | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| PAMELA FAGGERT  DIRECTOR     | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| JASON EBERSTEIN  DIRECTOR    | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| JOHN EUSTIS  DIRECTOR        | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| KAREN FORGET  DIRECTOR       | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| KATIE FRAZIER  DIRECTOR      | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| BILL GREENLEAF  DIRECTOR     | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| HUGHES EVANS  DIRECTOR       | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| DAVID JOHNSON  DIRECTOR      | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| ADRIENNE KOTULA  DIRECTOR    | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| MAUREEN MATSEN  DIRECTOR     | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| CHARLES G MCDANIEL  DIRECTOR | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| ERIC PAULSON  DIRECTOR       | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| REED PERRY  DIRECTOR         | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |
| CHRIS POMEROY  DIRECTOR    | 1.00                                                  | 0                                                                                 |                                                                                                |                                                   |

**Form 990EZ, Part IV — List of Officers, Directors, Trustees, and Key Employees**

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

| <b>(a) Name and title</b>                                                                                 | <b>(b) Average hours per week devoted to position</b> | <b>(c) Reportable compensation (Forms W-2/1099-MISC)<br/>(If not paid, enter -0-)</b> | <b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b> | <b>(e) Estimated amount of other compensation</b> |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------|
| MIKE ROLBAND  DIRECTOR   | 1.00                                                  | 0                                                                                     |                                                                                                |                                                   |
| ALAN ROWESOME  DIRECTOR  | 1.00                                                  | 0                                                                                     |                                                                                                |                                                   |
| REBECCA RUBIN  DIRECTOR  | 1.00                                                  | 0                                                                                     |                                                                                                |                                                   |
| ELLEN SHEPARD  DIRECTOR  | 1.00                                                  | 0                                                                                     |                                                                                                |                                                   |
| GINNY SNEAD  DIRECTOR    | 1.00                                                  | 0                                                                                     |                                                                                                |                                                   |
| MIKE TOWN  DIRECTOR      | 1.00                                                  | 0                                                                                     |                                                                                                |                                                   |
| MARK WILLIAMS  DIRECTOR  | 1.00                                                  | 0                                                                                     |                                                                                                |                                                   |
| KATE WOFFORD  DIRECTOR   | 1.00                                                  | 0                                                                                     |                                                                                                |                                                   |
| ANDREA WORTZEL  DIRECTOR | 1.00                                                  | 0                                                                                     |                                                                                                |                                                   |

TY 2020 Compensation Explanation

Name: VIRGINIAFOREVER  
EIN: 20-5000905

| Person Name        | Explanation |
|--------------------|-------------|
| PHIL ABRAHAM       |             |
| DOUG BAXTER        |             |
| HEDRICK BELIN      |             |
| MARK BOWLES        |             |
| KEVIN FINTO        |             |
| TED HENIFIN        |             |
| RON JEFFERSON      |             |
| LISA KARDELL       |             |
| TIM KENNEL         |             |
| STEWART LEETH      |             |
| MAMIE PARKER       |             |
| NIKKI ROVNER       |             |
| PEGGY SANNER       |             |
| KYLE SHREVE        |             |
| BILL STREET        |             |
| JIM THORNTON       |             |
| AMANDA TORNABENE   |             |
| DENNIS H TREACY    |             |
| KENDALL TYREE      |             |
| MATT WELLS         |             |
| JENNY WEST         |             |
| HOBES BAUGHAN      |             |
| MIKE BAUM          |             |
| BOB BURNLEY        |             |
| TEE CLARKSON       |             |
| PATRICK COADY      |             |
| NISSA DEAN         |             |
| ALLISON CLOCK      |             |
| COREY CONNORS      |             |
| DREW DUPUY         |             |
| BEN EUBANKS        |             |
| PAMELA FAGGERT     |             |
| JASON EBERSTEIN    |             |
| JOHN EUSTIS        |             |
| KAREN FORGET       |             |
| KATIE FRAZIER      |             |
| BILL GREENLEAF     |             |
| HUGHES EVANS       |             |
| DAVID JOHNSON      |             |
| ADRIENNE KOTULA    |             |
| MAUREEN MATSEN     |             |
| CHARLES G MCDANIEL |             |
| ERIC PAULSON       |             |
| REED PERRY         |             |
| CHRIS POMEROY      |             |
| MIKE ROLBAND       |             |
| ALAN ROWESOME      |             |
| REBECCA RUBIN      |             |
| ELLEN SHEPARD      |             |
| GINNY SNEAD        |             |
| MIKE TOWN          |             |
| MARK WILLIAMS      |             |
| KATE WOFFORD       |             |
| ANDREA WORTZEL     |             |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|                                             |                                              |
|---------------------------------------------|----------------------------------------------|
| Name of the organization<br>VIRGINIAFOREVER | Employer identification number<br>20-5000905 |
|---------------------------------------------|----------------------------------------------|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

|   |                                                                                                                                                                               |    |
|---|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") |    |
| 2 | Political campaign activity expenditures (see instructions)                                                                                                                   | \$ |
| 3 | Volunteer hours for political campaign activities (see instructions)                                                                                                          |    |

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | \$                                                       |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | \$                                                       |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b  | If "Yes," describe in Part IV.                                                          |                                                          |

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

|   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$                                                       |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                       |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$                                                       |
| 4 | Did the filing organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. |                                                          |

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 1        |             |         |                                                                       |                                                                                                                                              |
| 2        |             |         |                                                                       |                                                                                                                                              |
| 3        |             |         |                                                                       |                                                                                                                                              |
| 4        |             |         |                                                                       |                                                                                                                                              |
| 5        |             |         |                                                                       |                                                                                                                                              |
| 6        |             |         |                                                                       |                                                                                                                                              |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)                                                              | (a) Filing organization's totals                                       | (b) Affiliated group totals |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....                                                                   |                                                                        |                             |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                     |                                                                        |                             |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                 |                                                                        |                             |
| <b>d</b> Other exempt purpose expenditures .....                                                                                                                 |                                                                        |                             |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                           |                                                                        |                             |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                  |                                                                        |                             |
| <b>If the amount on line 1e, column (a) or (b) is:</b>                                                                                                           | <b>The lobbying nontaxable amount is:</b>                              |                             |
| Not over \$500,000                                                                                                                                               | 20% of the amount on line 1e.                                          |                             |
| Over \$500,000 but not over \$1,000,000                                                                                                                          | \$100,000 plus 15% of the excess over \$500,000.                       |                             |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                        | \$175,000 plus 10% of the excess over \$1,000,000.                     |                             |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                       | \$225,000 plus 5% of the excess over \$1,500,000.                      |                             |
| Over \$17,000,000                                                                                                                                                | \$1,000,000.                                                           |                             |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                               |                                                                        |                             |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....                                                                                         |                                                                        |                             |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....                                                                                         |                                                                        |                             |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                             |

**4-Year Averaging Period Under Section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                         | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|           |                                                                                                                                                                                                                               | (a) |    | (b)    |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|           |                                                                                                                                                                                                                               | Yes | No | Amount |
| <b>1</b>  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b>  | Volunteers? .....                                                                                                                                                                                                             |     |    |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....                                                                                                                            |     |    |        |
| <b>c</b>  | Media advertisements? .....                                                                                                                                                                                                   |     |    |        |
| <b>d</b>  | Mailings to members, legislators, or the public? .....                                                                                                                                                                        |     |    |        |
| <b>e</b>  | Publications, or published or broadcast statements? .....                                                                                                                                                                     |     |    |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes? .....                                                                                                                                                                    |     |    |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                             |     |    |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                               |     |    |        |
| <b>i</b>  | Other activities? .....                                                                                                                                                                                                       |     |    |        |
| <b>j</b>  | Total. Add lines 1c through 1i .....                                                                                                                                                                                          |     |    |        |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....                                                                                                                           |     |    |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912 .....                                                                                                                                                       |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....                                                                                                                              |     |    |        |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....                                                                                                                            |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|                                                                                                                  | Yes          | No |
|------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> Yes |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b>     | No |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b>     | No |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|          |                                                                                                                                                                                                                                                  |           |  |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Dues, assessments and similar amounts from members .....                                                                                                                                                                                         | <b>1</b>  |  |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                       |           |  |
| <b>a</b> | Current year .....                                                                                                                                                                                                                               | <b>2a</b> |  |
| <b>b</b> | Carryover from last year .....                                                                                                                                                                                                                   | <b>2b</b> |  |
| <b>c</b> | Total .....                                                                                                                                                                                                                                      | <b>2c</b> |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .                                                                                                                                                | <b>3</b>  |  |
| <b>4</b> | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | <b>4</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions) .....                                                                                                                                                                   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                                                                                    |                                                                                   | (a) Event #1                          | (b) Event #2 | (c) Other events | (d) Total events                |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------|--------------|------------------|---------------------------------|
|                                                                                    |                                                                                   | <b>BRIDGE BUILDER</b><br>(event type) | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue                                                                            |                                                                                   |                                       |              |                  |                                 |
|                                                                                    | <b>1</b> Gross receipts . . . . .                                                 | 73,232                                |              |                  | 73,232                          |
|                                                                                    | <b>2</b> Less: Contributions . . . . .                                            | 70,809                                |              |                  | 70,809                          |
|                                                                                    | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             | 2,423                                 |              |                  | 2,423                           |
| Direct Expenses                                                                    | <b>4</b> Cash prizes . . . . .                                                    |                                       |              |                  |                                 |
|                                                                                    | <b>5</b> Noncash prizes . . . . .                                                 |                                       |              |                  |                                 |
|                                                                                    | <b>6</b> Rent/facility costs . . . . .                                            |                                       |              |                  |                                 |
|                                                                                    | <b>7</b> Food and beverages . . . . .                                             | 2,094                                 |              |                  | 2,094                           |
|                                                                                    | <b>8</b> Entertainment . . . . .                                                  |                                       |              |                  |                                 |
|                                                                                    | <b>9</b> Other direct expenses . . . . .                                          | 1,671                                 |              |                  | 1,671                           |
|                                                                                    | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                                       |              |                  | 3,765                           |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                                                                                   |                                       |              | -1,342           |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |                                                                                         | (a) Bingo                                                           | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming                                                    | (d) Total gaming (add col.(a) through col.(c)) |
|-----------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------|
| Revenue         | <b>1</b> Gross revenue . . . . .                                                        |                                                                     |                                                                     |                                                                     |                                                |
| Direct Expenses | <b>2</b> Cash prizes . . . . .                                                          |                                                                     |                                                                     |                                                                     |                                                |
|                 | <b>3</b> Noncash prizes . . . . .                                                       |                                                                     |                                                                     |                                                                     |                                                |
|                 | <b>4</b> Rent/facility costs . . . . .                                                  |                                                                     |                                                                     |                                                                     |                                                |
|                 | <b>5</b> Other direct expenses . . . . .                                                |                                                                     |                                                                     |                                                                     |                                                |
|                 | <b>6</b> Volunteer labor . . . . .                                                      | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                                                |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |                                                                     |                                                                     |                                                                     |                                                |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |                                                                     |                                                                     |                                                                     |                                                |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|            |                                                                                                                                                                                          |                                   |                                                          |
|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|
| <b>11</b>  | Does the organization conduct gaming activities with nonmembers?                                                                                                                         | <input type="checkbox"/> Yes      | <input type="checkbox"/> No                              |
| <b>12</b>  | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?                                    | <input type="checkbox"/> Yes      | <input type="checkbox"/> No                              |
| <b>13</b>  | Indicate the percentage of gaming activity conducted in:                                                                                                                                 |                                   |                                                          |
| <b>a</b>   | The organization's facility                                                                                                                                                              | <b>13a</b>                        | %                                                        |
| <b>b</b>   | An outside facility                                                                                                                                                                      | <b>13b</b>                        | %                                                        |
| <b>14</b>  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                                                        |                                   |                                                          |
|            | Name ► .....                                                                                                                                                                             |                                   |                                                          |
|            | Address ► .....                                                                                                                                                                          |                                   |                                                          |
| <b>15a</b> | Does the organization have a contract with a third party from whom the organization receives gaming revenue?                                                                             | <input type="checkbox"/> Yes      | <input type="checkbox"/> No                              |
| <b>b</b>   | If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....                             |                                   |                                                          |
| <b>c</b>   | If "Yes," enter name and address of the third party:                                                                                                                                     |                                   |                                                          |
|            | Name ► .....                                                                                                                                                                             |                                   |                                                          |
|            | Address ► .....                                                                                                                                                                          |                                   |                                                          |
| <b>16</b>  | Gaming manager information:                                                                                                                                                              |                                   |                                                          |
|            | Name ► .....                                                                                                                                                                             |                                   |                                                          |
|            | Gaming manager compensation ► \$ .....                                                                                                                                                   |                                   |                                                          |
|            | Description of services provided ► .....                                                                                                                                                 |                                   |                                                          |
|            | <input type="checkbox"/> Director/officer                                                                                                                                                | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent contractor          |
| <b>17</b>  | Mandatory distributions:                                                                                                                                                                 |                                   |                                                          |
| <b>a</b>   | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?                                               |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>   | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ ..... |                                   |                                                          |

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Internal Revenue Service

Name of the organization  
VIRGINIAFOREVER

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Employer identification number**

20-5000905

**990 Schedule O, Supplemental Information**

| Return Reference             | Explanation                                                                                                                                                                    |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-EZ, PART I, LINE 16 | EXPENSES TAXES 170 POSTAGE 7 ADMIN MISC 115 D&O INSURANCE 2,957 EVENT SPONSORSHIP 150 LOBBY REGISTRATION 100 NEW MEMBER RECRUITMENT 1,313 BRANDING & PUBLICITY 236 TOTAL 5,048 |

**990 Schedule O, Supplemental Information**

| Return<br>Reference                  | Explanation                                       |
|--------------------------------------|---------------------------------------------------|
| FORM 990-<br>EZ, PART II,<br>LINE 24 | ACCOUNTS RECEIVABLE 6,150 4,000 TOTAL 6,150 4,000 |

# 990 Schedule O, Supplemental Information

| Return<br>Reference       | Explanation                                                                                                                                                                                                                                                                                    |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990-<br>EZ, PART III | TO FURTHER THE COMMON GOOD AND GENERAL WELFARE OF THE CITIZENS OF VIRGINIA BY BRINGING ABOUT CIVIC IMPROVEMENT THROUGH INCREASED PUBLIC INVESTMENT AND THE COMMITMENT OF STATE FUNDS TO PROTECT AND RESTORE NATURAL RESOURCES LOCATED IN THE COMMONWEALTH, WITH AN EMPHASIS ON LAND AND WATER. |