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Processment of the Tenary Instrument for the Tenary For use with Forms 990, 980-52, 980-97, 980-71, 1120-POL, 4720, 8586, 5227, 5330, and 8038-CP Coctowww.ize.gov/form8453TE of the latest information.         Q022           Name of filer         BUCHANAN COUNTY HISTORICAL SOCIETY OF VIRCINIA, INC.         VIRCINIA, V	Form <b>8</b> 2	153-TE	Tax	Exempt Entity		on and S	Signatur	e	OMB No. 1545-0047
and ending			For cale	ndar vear 2023, or tax vear b	or E-IIIe		2023		
Deserved         For use with Fourth 980, 900-E2, 980-PF, 990-T, 1224-PCI, 4220, 9886, 5227, 5330, and 8038-CP         QUUL           Name of filer         EUCHIANAN COUNTY HISTORICAL SOCIETY OF VIRGINIA, INC.         EN or S8N 46 - 19 37 3311           Part         Type of Return and Return Information         46 - 19 37 3311           Check the box for the year of return being lifed with form 463-31E and enter the applicable amount, if any, from the return. Form 8030-PC and form 5330 lifes is doits and onesh. Sub as, but with the one line to a sub as, but as, but as the anount of the return being lifed with the form was bare, how has a work in the total in the ratu.         Ease the anount of the return being lifed with the one line to a sub as a sub as the anount of the ratu.           1a         form 980 check here         b         total rerease, if any (Form 990, PF, Part VII, column (A), line 12)         1b         2           2a         form 980-Ficheck here         b         total rerease, if any (Form 990, PF, Part VII, line 5)         80         65           3a         form 980-Ficheck here         b         tata ker (Form 120-PC), line 22)         10         10           3a         form 980-Ficheck here         b         b         Total arcenas, if any (Form 990, PF, Part VII, line 5)         80         10           3a         form 980-Ficheck here         b         b         Total arcenas, if any (Form 990, PF, Part VII, line 5)         80         10 <t< th=""><th></th><th></th><th>, er eu</th><th>and ending</th><th>- <u></u></th><th>20</th><th>, 1010,</th><th></th><th>0000</th></t<>			, er eu	and ending	- <u></u>	20	, 1010,		0000
Binding Balance         Go to wrow it sport GromB453T for the latest information.           Name of filer         BUCHANAN COUNTY HISTORICAL SOCIETY         Elk of SNI 46 – 19 37 331           Part 1         Type of Return and Return Information         Elk of SNI 46 – 19 37 331           Check the box for the type of the the file with file SNI 63.45.7 and enter the applicable amount, if any, from the return. Form 8035-0P and Form 5330 files is oblies and cents. For al other forms, enter whole oblians only, if you check the box on line ta, 22, 34, 45, 85, 66, 74, 85, 96, 70         86, 96, 76, 86, 90           4 on the edure, the other 4-0 on the applicable line below. Jo the table oblians only, if you check the box on line ta is a state, then it work the abox on line in that i.         1a         Form 990-E2 check here         b         1a fail reseaue, if any (Form 990, Part VIII, column (A), line 12)         1b         1b           3 Form 990-E2 check here         b         1a tait reseaue, if any (Form 990, Part VIII, column (A), line 12)         1b         1b         1a           5 Form 990-E2 check here         b         1a tait reseaue, if any (Form 990, Part VIII, column (A), line 12)         1b         1b           5 Form 990-E2 check here         b         1a tait reseaue, if any (Form 990, Part VIII, line 5)         4b         1b           5 Form 990-E2 check here         b         1a tait reseaue, if any (Form 990, Part VIII, line 1)         7b         1b           6 Form 9320 check here <th>Department o</th> <th>of the Treasury</th> <th>For use with</th> <th></th> <th></th> <th>·</th> <th>7, 5330, and 803</th> <th>8-CP</th> <th>2023</th>	Department o	of the Treasury	For use with			·	7, 5330, and 803	8-CP	2023
Name of filer         BUCHANAN COUNTY HISTORICAL SOCTETY         EN or SSN 46-1937331           Part I         Type of Return and Return Information         Also and the trips of Return and Return Information           Check the box for the type of return being filed will form 483-TE and there the applicable amount, if any, from the return. Form 803-6CP and form 5330 files is diverse and earlier the state while deface sould be toors line in the state state state while deface sould be the anomality of the anomality anomality of the anomality of the anomality of the anom									
OF         VIRSINIA, INC.         46-1937331           Part I         Type of Return and Return Information         Check he box for the type of return being field with form 8453-fE and enter the applicable amount, if any, from the return. Form 8038-67P and form 5330 files is of the applicable file below. Bot here applicable files of the applicable file below. Bot here applicable files of the apprime of the apprice of the applicable files of the	Name of fi	iler	BUCHANA	N COUNTY HISTO	DRICAL SO	CIETY	utom	EIN or	SSN
Part I         Type of Return and Return Information           Cack the box for the bype of return byging flow thin Come 483-3F can dere the applicable smoont, if any, from the return. Form 803-CB and Form 5330 fliers, and the amount of the return bing flow thin form was blank, then tease line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 7b, 8b, 9b, 7b, 9b, whichever is applicable, blank (do not etter -0-). If y -0- on the applicable line below. Do not complete more than one line in Part I.           1a         Form 990 check here         b         Total revenue, if any (Form 990-Part VIII, column (A), line 12)         1b         1b         53           2a         Form 990-Check here         b         Total revenue, if any (Form 990-Part VIII, column (A), line 12)         1b         1b         54           2a         Form 990-Check here         b         Total ax (Form 120-POL, line 22)         2b         53           3a         Form 990-Check here         b         Total tax (Form 990-F, Part III, line 4)         7b         1c           4a         Form 990-Check here         b         Total tax (Form 303, Part III, line 1)         7b         1c           3a         Form 830-Check here         b         Total tax (Form 303, Part III, line 1)         7b         1c           3a         Form 830-Check here         b         Total tax (Form 303, Part III, line 1)         7b         1c           3a         Form 830-Check here									
Cinex the box for Targes of return being filed with Form 94(3-1E and enter the applicable amount, if any, from the rotum, Form 930-87 and Form 5303 files; a distans and enter. For all other forms, enter whice officient only. If you check the box on line is 2, 2, 3, 4, 4, 5, 5, 8, 7, 4, 8, 9, 0, or 10 being, and the amount of the return, then enter -0- on the applicable line below. Do not complete more than one line in Part. I.         1a       Form 990-62 check here       b       to Total revenue, if any (Form 990-62, line 9)       2b       53         3a       Form 990-62 check here       b       Total revenue, if any (Form 990-F2, Part V, line 5)       4b       4b         4a       Form 990-F2 check here       b       Total revenue, if any (Form 990-F2, Part V, line 5)       4b       4b       4b         5a       Form 990-F2 check here       b       Total revenue, and on the part of the second s	Part I	Type of R							
2a       Form 990-EZ check here       Image: Display the second s	dollars and of the return -0- on the r	cents. For all other f n being filed with this eturn, then enter -0-	orms, enter whole form was blank, t on the applicable l	dollars only. If you check the l hen leave line <b>1b, 2b, 3b, 4b</b> , 4 ine below. Do not complete mo	box on line 1a, 2a, 5b, 6b, 7b, 8b, 9b, re than one line in F	3a, 4a, 5a, 6a, or 10b, whichev Part I.	, 7a, 8a, 9a, or 1 ver is applicable, b	<b>)a</b> below, lank (do i	and the amount on that lin
3a       Form 1120-POL check here       b       Total tax (Form 1120-POL, line 22)       ib         4a       Form 990-PF check here       b       Tax based on investment income (Form 990-PF, Part V, line 5)       ib         5a       Form 8980-Renk here       b       Balance due (Form 920-T, Part III, line 4)       ib         7a       Form 4720 check here       b       Total tax (Form 920-T, Part III, line 4)       ib         7a       Form 5330 check here       b       Total tax (Form 920-T, Part III, line 4)       ib         9a       Form 5330 check here       b       Total tax (Form 5330, Part II, line 1)       ib         9a       Form 5330 check here       b       Total tax (Form 5330, Part II, line 19)       ib         10a       Form 8038-CP check here       b       Amount of credit payment requested (Form 8038-CP, Part III, line 22)       ibi         Part II       Declaration of Officer or Person Subject to Tax       intoin tax (reform 5330, Part III, line 4)       ibi       ibi         11a       Lal conv of this return is being filed with a state agency(ics) requitating charles tax so wed on this return, and the financial Agent to ibis return is being filed with a state agency(ics) requitating charles tax agency (res) requitating charles tax agency (res) requiting charles tax agency (res) requiting charles tax agency (res).       icting a charles tax agency (res) resoutating the form 930-90-90-72									53,413
4a       Form 990-PF check here       b       b       balance due (Form 980, PF, Part IV, line 5)       4a         5a       Form 8868 check here       b       b       blance due (Form 8268, line 3c)       6b         6a       Form 990-T check here       b       b       Total tax (Form 990-T, Part III, line 4)       7b         7a       Form 4720 check here       b       b       Total tax (Form 930, Part III, line 1)       7b         8a       Form 5330 check here       b       Tax due (Form 5330, Part II, line 19)       8b       9b         10a       Form 6038-CP check here       b       Amount of credit payment requested (Form 8038-CP, Part III, line 22)       10b       10c         Part II       Declaration of Officer or Person Subject to Tax       10b       10c       10c       10c         Part II       Declaration of Officer or Person Subject to Tax       11c       11a       1authorize the US. Treasury Fanacial institution account, and the financial institution solver and the financial in				Total revenue, if any (Form	990-EZ, line 9)				JJ,413
Sa       Form 8868 check here       b       Balance due (Form 8960-T, Part III, line 4)       Sa         Ga       Form 990-T check here       b       Total tax (Form 920-T, Part III, line 1)       Total tax (Form 720-T, Part III, line 1)         Ga       Form 5222 check here       b       FMV of assets at end of tax year (Form 5230, Part III, line 1)       Ba         Ga       Form 5222 check here       b       FMV of assets at end of tax year (Form 5030, Part III, line 1)       Ba         Ga       Form 5227 check here       b       A wont of credit payment requested (Form 8038-CP, Part III, line 22)       Itob         Ina       Form 5227 check here       b       A wont of credit payment requested (Form 8038-CP, Part III, line 22)       Itob         Part II       Declaration of Officer or Person Subject to Tax       Itob       Itob       Itob       Itob         11a       Lauthorize the U.S. Treasury and its designated Financial Agent to inflate an Automated Clearing House (ACH) electronic payment taxes to receive confidential information necessary to answer inquiries and resolve lasues related to the payment.       Itob is return, and the financial institution account indicated an tax preparation software for payment at the payment.       Itob is return is being filed with a stata agency(is) requiring charlies as part of the IRS fed/State program, I certly that is exected the electronic disclosure connect containad withing disclosure by the IRS of this Form 990-90-EZ         1990-FF (as specific			re 🛄 D	Iotal tax (Form 1120-POL, I	line 22)				
Ba       Form 4720 check here       b       Total tax (Form 4720, PArt III, line 4)       Ba         Ba       Form 4722 check here       b       Total tax (Form 4720, PArt III, line 4)       Ba         Ba       Form 5330 check here       b       Total tax (Form 4720, PArt III, line 1)       Total tax (Form 5330, Part III, line 19)       Ba         9a       Form 5330 check here       b       Tax due (Form 5330, Part III, line 19)       Ba       Ba       Ba         10a       Form 8038-CP check here       b       Tax due (Form 5330, Part III, line 19)       Ba       Ind       Ind<									
Tay Form 4720 check here       b       b       Total tax (from 4720, Part III, line 1)       Tab         Ba       Form 5227 check here       b       FMV of assets at end of tax year (Form 5227, Item D)       Ba         10a       Form 8038-CP check here       b       Amount of credit payment requested (Form 8038-CP, Part III, line 22)       10b         11a       Lauthorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct intro) to the name institution to debit the entry to the financial institutions convolved in the payment.       The second the ext proparation software for payment of the Ideat access wed on this return, and the financial Agent tabs. 353-4537 no later the business days prior to the payment (stellement) date. I also authorize the financial institutions involved in the payment.         b       If a copy of this return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I certify that I exceeded the electronic disclosure constrict ontained within this return allowing disclosure by the IRS of this Form 900.990-EZ/ 990-Ff (as specifically identified in Part 1 above) to the selected state agency(les).         Under penalties of periury, I declare that the amount in Part 1 above) to the selected state agency(les).       I am an office of the above named entity or I am the person subject to tax with respect to (EIN)         orrect, and complete. In three declare that the amount in Part 1 above) to the selectoric eturn. I consent to adia with inter return or retund, and to be east of the return. I ceretify an aconvedege ent of electoric eturu or									
Ba       Form 5320 check here       b       FMV of assets at end of tax year (Form 5227, ttem D)       Ba       Ba       Ba         10a       Form 5330 check here       b       Tax due (Form 5330, Part II, line 19)       Bo       Bo         11a       Form 6338-CP check here       b       Amount of credit payment requested (Form 6338-CP, Part III, line 22)       Itob       Bo         Part II       Declaration of Officer or Person Subject to Tax       Ita       Ita uthorize the LS. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct entry to the financial institution a coolunt in orkeas a payment, 1 must contact the LS. Treasury Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct entry to the financial institution a coolud in the tax payment, treat contact the LS. Treasury Financial Agent to initiate an automate contact the LS. Treasury Financial Agent to initiate an ensweri inquires and resolve issues related to the payment.         b       If a copy of this return is being filed with a state agency(es): regulating charities as part of the ISS of this Form 90/990-EZ/990-F7 (as specifically identified in Part 1 above) to the selected state agency(es):									
9a       Form 5330 check here       b       Tax due (Form 5330, Part II, line 19)       9a         10a       Form 8038-CP check here       b       Amount of credit payment requested (Form 8038-CP, Part III, line 22)       10b         Part II       Declaration of Officer or Person Subject to Tax         11a       Lauthorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct inty to the financial institution count indicated in the tax preparation software for payment of the effect states owed on this return, and the financial Agent at 1-888-333-4537 no later the bus insers days prior to the payment (settiment) data. Lalso authorize the financial institution score (settiment) data (setiment) data (setim) (setiment) data (setim) (setiment) data (setiment) data (setimen									
10a       Form 8038-CP check here       b       Amount of credit payment requested (Form 8038-CP, Part III, line 22)       10b         Part II       Declaration of Officer or Person Subject to Tax       11a       1authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution indicated in the entry to this account. To review a payment, I must contact the U.S. Treasury Financial Agent 1 - 1885 33-4537 no later the business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic disclosure contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to he selected state agency(is).         Under penalties of perjury, I declare that IX I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) (Rame examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they ar correct, and complete. I further declare that the amount in Part I above is ber amount shown on the copy of the electronic furth with iterior or retex on the reason for any delay in processing the return or retund, and (c) the date of any returd.         Sign       PRESIDENT         Here       Sign and that the arkers on form 300/300-EZ/ Bay Content and accompanying schedules and statements, and, to the best of my knowledge and belief, they ar to an evidentin the taware that ano the return to a lony declare that the arche	8a Form	n 5227 check here	b b						
Part II       Declaration of Officer or Person Subject to Tax         11a       Iauthorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution account indicated in the tax preparation software for payment the U.S. Treasury Financial Agent 11-88-353-4357 no taker the business days prior to the payment (settlement) date. Iako authorize the financial institutions involved in the processing of the electronic payment taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.         b       If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS fort Siste payment (settlement) of the select state agency(ies).         Under penalties of perjury, I declare that I       I am an officer of the above named entity or in am the person subject to tax with respect to receipt or for rejection or feurm and accompanying schedules and statements, and, to the BS(a) an achoweldge and belief, they are correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the BS(a) an achoweldgement of receipt or for rejection or feurm and or gleator (FRO) to send the return to the IRS and to receive from the IRS (a) an achoweldgement of receipt or for reviewing the return and ong declare that this form accurately reflex the and to receive from the IRS (a) an achoweldge ment of raceipt or fried and the return. I consent to allow my intermedia to regions biols for to ax with taxe streamined the above return and accompanying schedules and statements, and, to the best of my knoweldge. <tr< td=""><td>9a Form</td><td>n 5330 check here</td><td>b b</td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	9a Form	n 5330 check here	b b						
11a       I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct entry to the financial institution to detit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent the Processing of the electronic payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment taxes to receive confidential information necessary to tansver the financial institutions involved in the payment.         b       If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-F2 (as specifically identified in Part 1 above) to the selected state agency(ies).         Under penalties of perjury, I declare that IX I am an officer of the above named entity or in am the person subject to tax with respect to (FIN) and that 1 have examined a copy of the 2/022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belef, they are correct, and complete. Interfield with the amount in Part 1 above is the amount shown on the copy of the EUSI DENTT teleform of file or person subject to tax         Bernic Barter of officer or person subject to tax       Date       Treastry knowledge. If I am only a collect return on the accoy of the sectore for previewing the return. I will give a copy of all forms and information to be filed with the IRS to efficient ore person subject to tax, an	10a Form	n 8038-CP check her	b b	Amount of credit payment re	quested (Form 803	38-CP, Part III,	line 22)	10b	
11a       I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct entry to the financial institution to detit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent the Processing of the electronic payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment taxes to receive confidential information necessary to tansver the financial institutions involved in the payment.         b       If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-F2 (as specifically identified in Part 1 above) to the selected state agency(ies).         Under penalties of perjury, I declare that IX I am an officer of the above named entity or in am the person subject to tax with respect to (FIN) and that 1 have examined a copy of the 2/022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belef, they are correct, and complete. Interfield with the amount in Part 1 above is the amount shown on the copy of the EUSI DENTT teleform of file or person subject to tax         Bernic Barter of officer or person subject to tax       Date       Treastry knowledge. If I am only a collect return on the accoy of the sectore for previewing the return. I will give a copy of all forms and information to be filed with the IRS to efficient ore person subject to tax, an	Dort II	Doolarati	on of Office	r or Porson Subject t					
entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-537 no later the business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment axes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure constent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-F2 (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that I I an an officer of the above named entity or I am the person subject to tax with respect to (name of entity)								. <b>f</b> unda	ith duamal (dinaat dabit)
correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermedia service provider, transmitter, or electronic return, originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.         Sign       PRESIDENT         Title, if applicable       PRESIDENT         Part III       Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)         Ideclare that I have reviewed the above return and that the entries on Form 8453-1E are complete and correct to the best of my knowledge. If I am only a collect to tax will have so form before I submit the return. The entity officer or person subject to tax will have so form before I submit the return. The entity officer or person subject to tax will have so form before I submit the return. The entity officer or person subject to tax will have so form before I submit the return. The entity officer or person subject to tax will have so form before I submit the return. The entity officer or person subject to tax will have so form before I submit the return. The entity officer or person subject to tax, and have followed all requirements in Pub. 4163, Modernized eF-lie (MFC) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under point of Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under point of which I have any knowledge.         FRO's       COOK ASSOCIATES CPA       Date       Check if also paid period period perider. Signature       ERO's SSN or PTIN P0130.94	(name of er	executed the elec 990-PF (as specif alties of perjury, I dec ntity)	ronic disclosure of ically identified in are that X I a	consent contained within this re Part I above) to the selected sta m an officer of the above name	turn allowing disclo ate agency(ies). d entity or I a	sure by the IRS m the person su	of this Form 990/ ubject to tax with r , (E	990-EZ/ espect to EIN)	
Here         Signature of officer or person subject to tax         Date         Title, if applicable           Part III         Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)           redeclare that I have reviewed the above return and that the entries on Form 8453-1E are complete and correct to the best of my knowledge. If I am only a collect responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have so form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under p of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are tru and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.         ERO's SIN or PTIN Bignature         ERO's SIN or PTIN Self- employed         ERO's SIN or PTIN Bignature         ERO's SIN or PTIN Self- employed         PO1309478 P01309478           Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.         Phone no. 001 2769633           Print/Type preparer's name         Preparer's signature         Date         Check if self- employed         PTIN P	correct, and service prov for rejectior	d complete. I further ( vider, transmitter, or	leclare that the an electronic return c	nount in Part I above is the amo priginator (ERO) to send the retu	unt shown on the c urn to the IRS and to	opy of the electi o receive from tl	ronic return. I con he IRS (a) an ackr ny refund.	sent to all owledger	ow my intermediate nent of receipt or reason
Part III       Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)         Ideclare that I have reviewed the above return and that the entries on Form 8453-1E are complete and correct to the best of my knowledge. IT I am only a collecter responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax, and have followed all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under p of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.         ERO's Signature       COOK ASSOCIATES CPA       Date       Check if also paid prepared (Declare the prepared (Declar	-	Signature of offi	er or nerson sub	iect to tax	Da	to			1
declare that I have reviewed the above return and that the entries on Form 8453-1E are complete and correct to the best of my knowledge. If I am only a collectic esponsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have so form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax and have followed all equirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under providers that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.         ERO's       COOK       ASSOCIATES       CPA       Date       Check if also paid preparer       ERO's SSN or PTIN         Signature       SERVICES, LLC       Date       Check if also paid preparer       ERO's SSN or PTIN       P01309478         Firm's name (or yours if self-employed), address, and ZIP code       COOK ASSOCIATES CPA SERVICES, LLC       Plone no.       001 2769633         Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge.       Plone no.       001 2769633         Paid       Preparer's name       Preparer's signature       Date       Check if self-employed.       Plo13094         Prono no.       001 2769633       <		9							
ERO's signature       ERO's signature       ERVICES, LLC       also paid preparer       self- employed       P01309478         Firm's name (or yours if self-employed), address, and ZIP code       EOOK ASSOCIATES CPA SERVICES, LLC       EIN 54-196590         Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.       Print/Type preparer's name       Preparer's signature       Date       Check if self- employed       PTIN P01309         Paid Preparer       Print/Type preparer's name       Preparer's signature       Date       Check if self- employed       PTIN P01309         Firm's name       COOK ASSOCIATES CPA SERVICES, LLC       Firm's EIN 54-196         Firm's address       205 LEE STREET, RICHLANDS, VA 24641       Phone no.276-963	l declare that responsible form before requiremen of perjury l	at I have reviewed the e for reviewing the ret e I submit the return. Its in Pub. 4163, Mod declare that I have ey	above return and urn and only decla will give a copy o ernized e-File (Me amined the above	that the entries on Form 8453- are that this form accurately refl of all forms and information to b F) Information for Authorized IF return and accompanying sch	TE are complete an lects the data on the pe filed with the IRS RS e-file Providers f edules and stateme	d correct to the e return. The ent to the officer or or Business Ret nts, and, to the l	best of my knowl ity officer or perso person subject to urns. If I am also	edge. If I a on subject tax, and the Paid F	t to tax will have signed this have followed all other Preparer, under penalties
Signature       SERVICES, LLC       Date       P01309478         Firm's name (or yours if self-employed), address, and ZIP code       COOK ASSOCIATES CPA SERVICES, LLC       EIN 54-196590         Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.       Date       Check if employed is efficiency of the preparer is based on all information of which the preparer has any knowledge.         Paid Preparer       Print/Type preparer's name       Preparer's signature       Date       Check if employed is efficiency of the preparer is based on all information of which the preparer is based on all information of which the preparer has any knowledge.         Paid Preparer       Firm's name       COOK ASSOCIATES CPA SERVICES, LLC       Firm's EIN 54-196         Firm's address       205 LEE STREET, RICHLANDS, VA 24641       Phone no. 276-963		ERO's CO	OK ASSOC	IATES CPA	Date			ERO's S	SSN or PTIN
Only       Imminum shalle (or yours) if self-employed), address, and ZIP code       205 LEE STREET       Phone no.       001 2769633         Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.       Date       Check if self-employed [Print/Type preparer's name]       PTIN         Preparer       Firm's name       COOK ASSOCIATES CPA SERVICES, LLC       Firm's EIN 54-190 [Print's expression of statements]       54-190 [Print's expression of statements]         Firm's address       205 LEE STREET, RICHLANDS, VA 24641       Phone no.276-963 [Print's expression of statements]	ERO's							P01	309478
Phone no.       205 LEE STREET       Phone no.         In senerinployed), address, and ZIP code       205 LEE STREET       Phone no.         Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of       001 2769633         Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of       Phone no.         Main penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of       Phone no.         Paid Preparer       Print/Type preparer's name       Preparer's signature       Date       Check if self-employed       PTIN         Firm's name       COOK ASSOCIATES CPA SERVICES, LLC       Firm's EIN 54-190       Ptint's 54-190       Phone no.276-963	Use Only		rs COOK	ASSOCIATES CE	PA SERVIC	ES, LLC		EIN 5	4-1965901
Print/Type preparer's name       Preparer's signature       Date       Check if self-employed       PTIN         Firm's name       COOK ASSOCIATES CPA SERVICES, LLC       Firm's EIN       54-196	Only		de 205	LEE STREET					
my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.          Paid       Print/Type preparer's name       Preparer's signature       Date       Check if self-employed       PTIN         Preparer       Firm's name       COOK       ASSOCIATES       CPA       SERVICES       LLC       Firm's EIN       54-196         Firm's address       205       LEE       STREET       RICHLANDS       VA       24641       Phone no.276-963		auuress, anu zir cu	RICH	LANDS, VA 2464	11			001	2769631003
Preparer Use Only       Firm's name       COOK ASSOCIATES CPA SERVICES, LLC       Firm's EIN       54-190         Firm's address       205       LEE       STREET, RICHLANDS, VA 24641       Phone no.276-963									knowledge.
Preparer       self- employed       P01309         Use Only       Firm's name       COOK ASSOCIATES CPA SERVICES, LLC       Firm's EIN       54-190         Firm's address       205       LEE       STREET, RICHLANDS, VA 24641       Phone no.276-963	Deid	Print/Type prepar	er's name	Preparer's signa	ture				PTIN
Use Only         Firm's name         COOK ASSOCIATES         CPA         SERVICES         LLC         Firm's EIN         54-190           Firm's address         205         LEE         STREET         RICHLANDS         VA         24641         Phone no.276-963							s	elf- ⊓	P01309478
Firm's address 205 LEE STREET, RICHLANDS, VA 24641 Phone no.276-963	Use On	<b>ly</b> Firm's name	COOK AS	SOCIATES CPA S	SERVICES,	LLC			
· · · · · · · · · · · · · · · · · · ·	For Privacy			-					Form <b>8453-TE</b> (2023
	-	-							

07451112 102410 BCHSINC

BUCHANAN COUNTY F	HISTORICAL SOCIETY OF VI	46-1937331
Form UULL-D (Rev. December 2019) Department of the Treasury	Address or Responsible Party - Bus Please type or print. Puctions. Do not attach this form to your retur www.irs.gov/Form8822B for the latest information.	OMB No. 1545-1163
Before you begin: If you are also changing your home	e address, use Form 8822 to report that change.	
If you are a tax-exempt organization (see instructions) Check <b>all</b> boxes this change affects. <b>1</b> X Employment, excise, income, and other bu <b>2</b> Employee plan returns (Forms 5500, 5500-	usiness returns (Forms 720, 940, 941, 990, 1041, 1065,	, 1120, etc.)
3 Business location		
4a Business name BUCHANAN COUNTY HISTORICAL OF VIRGINIA, INC. 5 Old mailing address (no., street, room or suite no., city P.O. BOX 471	SOCIETY or town, state, and ZIP code). If a P.O. box, see instructions. If foreign ad	4b Employer identification number 46-1937331 dress, also complete spaces below, see instructions.
VANSANT	2	24656
Foreign country name	Foreign province/county	Foreign postal code
Foreign country name	Foreign province/county	Foreign postal code
7 New Dusiness location (no., street, room of suite no., o	chy or town, state, and zir code). If a foreign address, also complete space	zes delow, see instructions.
Foreign country name	Foreign province/county	Foreign postal code
8 New responsible party's name BRIDGET LESTER		
9 New responsible party's SSN, ITIN, or EIN. (C $223-29-1940$	AUTION: YOU MUST REFER TO THE INSTRUCTIONS FOR FO	RM SS-4 TO SEE WHO MAY USE AN EIN.)
	I have examined this application, and to the best of my knowle	dge and belief, it is true, correct, and complete.
Daytime telephone number of person to contac	t (optional) <b>276-698-5087</b>	
Sign Here PRESIDENT Title		Date
i		

07451112 102410 BCHSINC

BUCHANAN COUNTY HISTORICAL SOCIETY OF VIRGINIA, INC. P.O. BOX 471 VANSANT, VA 24656

#### DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

Halalahililaanilliadhaalahiladh

Form <b>8868</b>	
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(Rev. January 2024)

#### Application for Extension of Time To File an Exempt Organization **Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

All co	porations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnershi	ps, REMIC	s, and trusts				
must	use Form 7004 to request an extension of time to file incon	ne tax retu	rns.						
Part I	- Identification								
Type Print					Taxpayer identification number (				
Ella hard	OF VIRGINIA, INC.				46-193	.937331			
File by t due dat filing yo return. S	Provide the second seco								
instructi		oreign ado	Iress, see instructions.						
Enter	the Return Code for the return that this application is for (fi	le a separa	ate application for each return)			01			
	cation Is For	Return	Application Is For			Return			
		Code				Code			
Form	990 or Form 990-EZ	01	Form 4720 (other than individual)			09			
	4720 (individual)	03	Form 5227			10			
-	990-PF	04	Form 6069			11			
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12			
Form	990-T (trust other than above)	06	Form 5330 (individual)			13			
Form	990-T (corporation)	07	Form 5330 (other than individual)			14			
Form	1041-A	08							
<ul> <li>After</li> </ul>	r you enter your Return Code, complete either Part II or Pa	rt III. Part I	II, including signature, is applicable	only for ar	n extension o	f			
time t	o file Form 5330.								
• If th	is application is for an extension of time to file Form 5330,	vou must e	enter the following information						
	Plan Name	•	•						
	Plan Number								
	Plan Year Ending (MM/DD/YYYY)								
	- Automatic Extension of Time To File for Exempt Orga	nizatione (	soo instructions)						
<u>raitii</u> Th	e books are in the care of THE ORGANIZATION								
110	$\frac{1112}{P.0.BOX 471 - V}$	ANSAN	T VA 24656						
Tal	ephone No. 276-698-5087	11101111	Fax No.						
	he organization does not have an office or place of busines	se in the Llr							
	his is for a Group Return, enter the organization's four-digit								
box	$\dots$ If it is for part of the group, check this box $\dots$								
	I request an automatic 6-month extension of time until N								
	the organization named above. The extension is for the organization				ipt organizati	onnetunnior			
	$\mathbf{X}$ calendar year 20 $23$ or	Janization							
		20	and anding			, 20			
	tax year beginning	, 20	, and ending			,20			
0	If the tay year entered in line 1 is far less than 10 menths	abaali raaa		Final ratio					
2	If the tax year entered in line 1 is for less than 12 months, o	check reas	on:	Final retur	n				
	Change in accounting period								
	If this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter the	e tentative tax, less	0.5	¢	0.			
	any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069	0 ontor cr	v rofundable aradite and	<u>3a</u>	\$				
		-	•	2	¢	0.			
	estimated tax payments made. Include any prior year over			<u>3b</u>	\$				
	Balance due. Subtract line 3b from line 3a. Include your parts (Electronic Ecoloral Tax Payment System)	-		2-	¢	0.			
	using EFTPS (Electronic Federal Tax Payment System). Se		JIIS.	3c	Φ				

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

		EXTENDED TO NOVEMBER 15, 2024 Short Form			OMB No. 1545-0047
Forn	<b>9</b>	90-EZ Return of Organization Exempt From Incom	е Та	IX	0000
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except privat			<b>, 2023</b>
		Do not enter social security numbers on this form, as it may be made pu			
		of the Treasury enue Service Go to www.irs.gov/Form990EZ for instructions and the latest informat			Open to Public Inspection
		e 2023 calendar year, or tax year beginning , and ending			
BC	Check if	C Name of arganization	DEmr	olover i	dentification number
a	pplicab	ess change BUCHANAN COUNTY HISTORICAL SOCIETY			
		e change OF VIRGINIA, INC.	4	6-1	937331
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite			
	Final	return/ Insted P.O. BOX 471			698-5087
	-	nded return City or town, state or province, country, and ZIP or foreign postal code			mption
		valion pending VANSANT, VA 24656		nber	
G A		nting Method: Cash X Accrual Other (specify)	H Che	ck	if the organization is
	Nebsit		not	require	ed to attach Schedule B
JI	Tax-ex	xempt status (check only one) — 🛛 501(c)(3) 🔄 501(c) ( ) (insert no.) 🦳 4947(a)(1) or 🧾 527	(Foi	rm 990	).
ΚF	orm o	of organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔄 Other			
LA	Add lin	nes 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,		
C	olumn	n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	53,779.
	art I	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instr	uctions	for Par	
		Check if the organization used Schedule O to respond to any question in this Part I			<u>X</u>
	1	Contributions, gifts, grants, and similar amounts received		1	52,862.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	280.
	4	Investment income		4	
		Less: cost or other basis and sales expenses 5b			
		Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events:			
Iue	a	Gross income from gaming (attach Schedule G if greater than			
Revenue	L .	\$15,000) 6a contributions			
Re	"	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000) 6b			
	_ ا				
		Less: direct expenses from gaming and fundraising events [6c ] Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
			64.	Uu	
			66.		
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	98.
	8	Other revenue (describe in Schedule 0)		8	173.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	53,413.
	10	Grants and similar amounts paid (list in Schedule 0)		10	
	11	Benefits paid to or for members		11	
es	12	Salaries, other compensation, and employee benefits		12	
sue	13	Professional fees and other payments to independent contractors		13	8,750.
Expenses	14	Occupancy, rent, utilities, and maintenance		14	410.
ш	15	Printing, publications, postage, and shipping		15	89.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	4,753.
	17	Total expenses. Add lines 10 through 16		17	14,002.
ţ	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	39,411.
SSe	19	Net assets or fund balances at beginning of year (from line 27, column (A))			
Net Assets		(must agree with end-of-year figure reported on prior year's return)		19	397,842.
Ne	20	Other changes in net assets or fund balances (explain in Schedule 0) SEE SCHEDULE O		20	-23,892.
<b>-</b>	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	413,361.
LOL	raper	rwork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2023)

LHA 332171 12-21-23

Form	BUCHANAN COUNTY HISTORICA	L SOCIETY		٨٢	19373	3 <b>31</b> Page <b>2</b>
	990-EZ (2023) OF VIRGINIA, INC. rt II Balance Sheets (see the instructions for Part II)			40-	19373	
Pa						X
	Check if the organization used Schedule O to res		(A) Beginning of year		(D)	End of year
					· · ·	-
22	Cash, savings, and investments		75,327			100,608.
23	Land and buildings Other assets (describe in Schedule 0) SEE SCHEDULE O		8,000			8,000.
24	Other assets (describe in Schedule 0) SEE SCHEDULE O	)	324,898			313,516.
25	Total assets Total liabilities (describe in Schedule 0) SEE SCHEDULE O		408,225			422,124.
26			10,383			8,763.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		397,842	• 27		413,361.
Pa	rt III Statement of Program Service Accomplishme	<b>`</b>	,			xpenses
	Check if the organization used Schedule O to resp		n in this Part III	X		l for section and 501(c)(4)
What	t is the organization's primary exempt purpose? SEE SCHEDULE C					ions; optional for
Descr	ibe the organization's program service accomplishments for each of its three largest program	services, as measured by expens	es. In a clear and concise		others.)	
manne	er, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title.				
28	SEE SCHEDULE O					
-						
-						
-	(Grants \$ ) If this amount includes foreign g	arants, check here			28a	2,590.
29		j.a				•
-						
-	(Grants \$ ) If this amount includes foreign g	arante, chock boro			29a	
30					2.54	
30 -						
-						
-				<u> </u>	000	
-	(Grants \$ ) If this amount includes foreign g				30a	
	Other program services (describe in Schedule O)					
-	(Grants \$ ) If this amount includes foreign g				31a	2 500
32	Total program service expenses (add lines 28a through 31a)				32	2,590.
Ра	rt IV List of Officers, Directors, Trustees, and Key E	• •		see the	instructions	for Part IV)
	Check if the organization used Schedule O to res				<u></u>	
		(b) Average hours	(C) Reportable compensation (Forms	` cont	alth benefits	(-)
	(a) Name and title	per week devoted to position	W-2/1099-MISC/ 1099-NEC)	empl	oyee benefit and deferred	amount of other compensation
		position	(if not paid, enter -0-)		pensation	compensation
	IDGET LESTER				_	
	ESIDENT	10.00	0.		0.	0.
	NNAH ESTEP					
	CRETARY	1.00	0.		0.	0.
RI'	TA STACY					
TR.	EASURER	10.00	0.		0.	. 0.
ED	TALBOTT					
VI	CE PRESIDENT	1.00	0.		0.	. 0.
		1				
		4				
		-				
		-				
		-				
		-				
		-				
		-				

332172 12-21-23

Form **990-EZ** (2023)

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2023.04030 BUCHANAN COUNTY HISTORICAL BCHSINC1

Form 990-EZ (2023) OF VIRGINIA, INC. 46-1937331

46 - 1937331Page 3

Pa	instructions for Part V.) Check if the organization used Sch. O to respond to any question in thi			X
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		105	
	activity in Schedule O	33		x
34	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	34		х
35 a	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)?	35a		х
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	35b	N/	A
	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	35c		X
36	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	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	•		
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	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?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	_		
	Gross receipts, included on line 9, for public use of club facilities	_		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 $0 \cdot$ ; section 4912 $0 \cdot$ ; section 4955 $0 \cdot$			
D	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	405		x
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	40b		
U	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
u	by the organization 0.			
e	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	40e		x
41	List the states with which a copy of this return is filed <b>NONE</b>			
42 a	The organization's books are in care of THE ORGANIZATION Telephone no. 276-69	98-5	087	
	Located at: P.O. BOX 471, VANSANT, VA	2465	6	
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		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
40	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here	N/A		
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			Yes	No
11 9	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		162	NU
ττα	Form 990-EZ	44a		x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	110		
5	of Form 990-EZ	44b		x
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
_	in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	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	45b		
		Form 9	00_E7	(2022)

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Form **990-EZ** (2023)

5

#### BUCHANAN COUNTY HISTORICAL SOCIETY OF VIRGINIA, INC.

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46	Did the	e organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?	
	lf "Yes,	" complete Schedule C, Part I	4
Pa	nrt 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

		_	Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?			
	If "Yes," complete Sch. C, Part II	47		Х
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		Х
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		Х
b	If "Yes," was the related organization a section 527 organization?	49b		

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 NONE	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	allount of other

f Total number of other employees paid over \$100,000

Form 990-EZ (2023)

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." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
	7	

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

X 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.

Sign Here	Signature of officer BRIDGET LESTER, PRE	Date			
Paid	Type or print name and title Print/Type preparer's name	Preparer's signature	Date	Check if self- employed	PTIN P01309478
Preparer Use Only	Firm's address 205 LEE STE		LLC		4-1965901 6-963-1003
May the IRS dis	RICHLANDS ,				Yes X No Form <b>990-EZ</b> (2023)

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SC	HEC									OMB No. 1545-0047
(Form 990)					rity Status an					つりつつ
			Co		ization is a section 50			or a section		Ζυζυ
Department of the Treasury					47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public
		nue Service			Form990 for instruction			formation.		Inspection
Nam	e of t	he organizati			Y HISTORICAL				Employer	r identification number
		U U		IRGINIA, I						6-1937331
Pa	rt I	Reason			(All organizations must c	omplete t	nis part.) S	See instruction		
					For lines 1 through 12, c					
1			•		on of churches described					
2					Attach Schedule E (Forn			•//•//•		
3					anization described in <b>se</b>		γ <sub>b</sub> γ1γΔγi	ii)		
4		-	-		njunction with a hospital			-	Viii) Enter	the hospital's name
•		city, and state	-			acconse				the neopital e name,
5				or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	ped in
-		-	-	Complete Part II.)	5 ,		, ,			
6					nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	X				Intial part of its support f				the general	public described in
				omplete Part II.)		U			U	
8					(1)(A)(vi). (Complete Part	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
					ulture (see instructions).					
		university:								
10		An organizati	on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from
		activities relation	ed to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.
		See section	5 <b>09(a)(2).</b> (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	ifety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on
		7	-		of supporting organizatio		-		-	
а					upervised, or controlled					
			•	., .	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
	_			complete Part IV, Se						
b					l or controlled in connec					
					anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
_		٦ Ŭ	.,	t complete Part IV,						
С			-	•	g organization operated				illy integrat	ea with,
لم			0	. , .	b). You must complete I				rtad argan	ization(a)
d			-		oorting organization oper zation generally must sat				•	
				•	nplete Part IV, Sections			•	u an allem	10011055
е		- ·	,	,	written determination fro					
C	L		•		nally integrated support			а турс ї, турс	л, турс ш	
f	Ente	er the number								
g				n about the supporte						
		i) Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	<u> </u>									

# BUCHANAN COUNTY HISTORICAL SOCIETY OF VIRGINIA, INC.

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Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Schedule A (Form 990) 2023

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	54,864.	33,088.	22,352.	31,989.	52,862.	195,155.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge $\dots$								
4	Total. Add lines 1 through 3	54,864.	33,088.	22,352.	31,989.	52,862.	195,155.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						121,270.		
6	Public support. Subtract line 5 from line 4.						73,885.		
See	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021 22,352.	(d)2022 31,989.	(e) 2023 52,862.	<b>(f)</b> Total		
7	Amounts from line 4	54,864.	33,088.	22,352.	31,989.	52,862.	195,155.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	20.	74.	41.	32.	173.	340.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						195,495.		
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	5,510.		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section §	501(c)(3)			
	organization, check this box and stop								
See	ction C. Computation of Publ		-						
14	Public support percentage for 2023 (					14	37.79 %		
15	Public support percentage from 2022					15	40.35 %		
16a	33 1/3% support test - 2023. If the o	•							
	stop here. The organization qualifies								
b	<b>33 1/3% support test - 2022.</b> If the o								
	and <b>stop here.</b> The organization qual								
17a	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te	•	•		•				
b	10% -facts-and-circumstances tes	-					10% or		
	more, and if the organization meets the								
	organization meets the facts-and-circ								
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a				
						Schedule A	(Form 990) 2023		

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Schedule A (Form 990) 2023

#### OF VIRGINIA, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2	023	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2	023	(f) Total	
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	k year as a section	501(c)(3) c	organizati	on,	
	check this box and stop here	-					-		
Se	ction C. Computation of Pub								
15	Public support percentage for 2023 (	(line 8, column (f), c	divided by line 13,	column (f))		15			%
	Public support percentage from 2022					16			%
	ction D. Computation of Inve								
17	Investment income percentage for 20	023 (line 10c, colur	mn (f), divided by I	ine 13, column (f)	)	17			%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18			%
	<b>33 1/3% support tests - 2023.</b> If the					33 1/3%, a	and line 1	7 is not	
	more than 33 1/3%, check this box a								
b	33 1/3% support tests - 2022. If the						3 1/3%, ;	and	
	line 18 is not more than 33 1/3%, cho								
20	Private foundation. If the organization								
	23 12-21-23							(Form 990) 2	023
				9					

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#### BUCHANAN COUNTY HISTORICAL SOCIETY OF VIRGINIA, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Schedule A (Form 990) 2023 OF V Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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| 10b | | Schedule A (Form 990) 2023

Sche	edule A (Form 990) 2023 OF VIRGINIA, INC.	46-193733	31 <sub>Pa</sub>	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		-	
		. —	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one su			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo	-		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	(		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee in	structions)		
1 a	The organization satisfied the Activities Test. Complete line 2 below.	su douonaj.		
b	The organization satisfied the Activities rest. complete <b>line 2</b> below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental e	ntitu (see instructir	nne)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
_ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
5	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	54		
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		

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Schedule A (Form 990) 2023

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Ра	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ng Orgai	nizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.								
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.								
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	<b>1</b> a							
b	Average monthly cash balances	1b							
с	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in <b>Part VI</b> ):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							

L Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

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OF VIRGINIA, INC.

Schedule A (Form 990) 2023

	dule A (Form 990) 2023 OF VIRGINIA,			4	6-1937331 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
-	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
-	Applied to 2023 distributable amount				
-	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
	Excess from 2022 Excess from 2023				
e					

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 2023	OF VIRG			STORICAL			37331 <sub>Pa</sub>
Part VI	Supplemental Inf Part IV, Section A, line: line 1; Part IV, Section Section D, lines 5, 6, ar (See instructions.)	ormation. Provi s 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; Pa	de the explan c, 5a, 6, 9a, 9 art IV, Section	ations re b, 9c, 11 E, lines	la, 11b, and 11c; 1c, 2a, 2b, 3a, an	Part IV, Sectio d 3b; Part V, lir	line 17a or 17b; Part III n B, lines 1 and 2; Part ne 1; Part V, Section B,	, line 12; IV, Section C, line 1e; Part V
32028 12-21-2	23				14			A (Form 990)
51112	102410 BCHS	INC	2023.04	4030		COUNTY	HISTORICAL	BCHSIN

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# Supplemental Information to Form 990 or 990-EZ OMB No. 1545-0047 Complete to provide information for responses to specific questions on<br/>Form 990 or 990-EZ or to provide any additional information.<br/>Attach to Form 990 or Form 990-EZ.<br/>Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public<br/>Inspection Open to Public<br/>Inspection

BUCHANAN COUNTY HISTORICAL SOCIETY Employer id OF VIRGINIA, INC. 46-19

Employer identification number 46 - 1937331

#### FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY:

1. GROSS RECEIPTS	464
2. RETURNS AND ALLOWANCES	0
3. LINE 1 LESS LINE 2	464
4. COST OF GOODS SOLD (LINE 13)	366
5. GROSS PROFIT (LINE 3 LESS LINE 4)	98
COST OF GOODS SOLD:	
6. INVENTORY AT BEGINNING OF YEAR	3,041
7. MERCHANDISE PURCHASED	0
8. COST OF LABOR	0
9. MATERIALS AND SUPPLIES	0
10. OTHER COSTS	0
11. ADD LINES 6 THROUGH 10	3,041
12. INVENTORY AT END OF YEAR	2,675
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)	366
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT :
INTEREST INCOME	173
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	628
BANK FEES	2
OFFICE EXPENSES For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	578 Schedule O (Form 990) 20

Schedule O (Form 990) 2023         Name of the organization       BUCHANAN COUNTY HISTORICAL SOCIETY         OF VIRGINIA, INC.	Page 2 Employer identification number 46-1937331
CORPORATE STATE REGISTRATIONS	25.
EVENTS EXPENSES	1,002.
SUPPLIES - GRAVE MARKERS	1,438.
PROPERTY TAXES	31.
DEPRECIATION	1,049.
TOTAL TO FORM 990-EZ, LINE 16	4,753.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT :
RENT EXPENSE - USE OF FACILITY, NET OF PRESENT VALUE	
DISCOUNT	-10,145.
PROMISES TO GIVE - NET REALIZABLE VALUE	-13,747.
TOTAL TO FORM 990-EZ, LINE 20	-23,892.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS	
THE ORGANIZATION LEASES ITS FACILITIES FROM ANOTHER REGI	ONAL
ORGANIZATION FOR \$1 ANNUALLY. THE TERM OF THE LEASE IS F	OR TWENTY
YEARS. THE ORGANIZATION ORIGINALLY RECORDED THE PRESENT	VALUE (AT A
5.00% DISCOUNT) OF THE CONTRIBUTION IN THE AMOUNT OF \$28	1,674 UNDER
U.S. GAAP. IN 2023, THE RENT FREE USE OF THE FACILITIES,	DISCOUNTED,
WAS \$10,145. AT YEAR-END 12/31/2023, THE BALANCE WAS \$23	8,934.
AT DECEMBER 31, 2022, TWO DONORS PROMISED TO GIVE \$13,74	7. THESE
PROMISES WERE RECEIVED IN EARLY 2023 AND WERE RECORDED A	T NET
REALIZABLE VALUE UNDER U.S. GAAP. THUS, NO DISCOUNT FOR	PRESENT VALUE
WAS RECORDED AT YEAR-END, 12/31/2022. BECAUSE THESE FUND	S WERE RECEIVED
IN 2023, THEY HAVE BEEN INCLUDED IN CONTRIBUTIONS, FORM	990EZ, PART I,

LINE 1. THE PROMISES WERE RESTRICTED FOR THE MUSEUM STORE UPGRADE Schedule O (Form 990) 2023 332212 11-14-23 21 2023.04030 BUCHANAN COUNTY HISTORICAL BCHSINC1

07451112 102410 BCHSINC

Schedule O (Form 990) 2023           Name of the organization         BUCHANAN         COUNTY         HISTORIC	AL SOCIETY	Employer identi	
OF VIRGINIA, INC.		46-1937	331
PROJECT AND TO COVER LEGAL FEES OWED AT	YEAR-END.		
FORM 990-EZ, PART II, LINE 24, OTHER ASS	ETS:		
DESCRIPTION	BEG. OF	YEAR EN	D OF YEAP
PREPAIDS AND DEPOSITS		444.	306
INVENTORY	3,	041.	2,675
MUSEUM UPGRADE PROJECT	31,	825.	45,888.
CONTRIBUTION RECEIVABLE (NET) - LEASED			
FACILITIES	249,	079.	238,934
PROMISES TO GIVE	13,	747.	0
OTHER DEPRECIABLE ASSETS	26,	762.	25,713
TOTAL TO FORM 990-EZ, LINE 24	324,	898.	313,516
FORM 990-EZ, PART II, LINE 26, OTHER LIA	BILITIES:		
DESCRIPTION	BEG. OF	YEAR EN	D OF YEAR
ACCOUNTS PAYABLE	10,	383.	8,763
FORM 990-EZ, PART III, PRIMARY EXEMPT PU	RPOSE - PROMOTES	INTEREST :	IN AND
KNOWLEDGE OF THE HISTORY AND CULTURE OF	BUCHANAN COUNTY,	VIRGINIA 1	ВҮ
GATHERING AND DISSIMULATING HISTORICAL I	NFORMATION ABOUT	BUCHANAN	
COUNTY. THE NON-PROFIT WAS ESTABLISHED F	OR THE PURPOSE OF	PRESERVII	NG
AND PROMOTING BUCHANAN COUNTY'S RICH HER	ITAGE, ESPECIALLY	OUR EARL	Y
HISTORY, FOLKLORE, CULTURE, MUSIC, AND C	RAFTS.		
FORM 990-EZ, PART III, LINE 28, PROGRAM	SERVICE ACCOMPLIS	HMENTS:	
THE NON-PROFIT WAS ESTABLISHED FOR THE P	URPOSE OF		
PRESERVING AND PROMOTING BUCHANAN COUNTY	'S RICH HERITAGE,		
332212 11-14-23	2	Schedule O	(Form 990) 202

07451112 102410 BCHSINC 2023.04030 BUCHANAN COUNTY HISTORICAL BCHSINC1

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Schedule O (Form 990) 2023		Page 2
Name of the organization	BUCHANAN COUNTY HISTORICAL SOCIETY OF VIRGINIA, INC.	Employer identification number 46-1937331
ESPECIALLY OUR	EARLY HISTORY, FOLKLORE, CULTURE, MUSIC,	

AND CRAFTS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

ORGANIZATION'S FINANCIAL STATEMENTS (COMPILED):

FOR THE YEAR ENDED 12/31/2023, THE ORGANIZATION RECEIVED A COMPILATION

OF ITS FINANCIAL STATEMENTS (INCLUDING NOTES) FROM A CPA FIRM UNDER

U.S. GAAP. THESE FINANCIALS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN

REQUEST.

PASS-THROUGH CONTRIBUTIONS:

THE ORGANIZATION RECEIVED \$15,800 IN CONTRIBUTIONS FROM AGENCY
TRANSACTIONS FOR THE RED JACKET MINE SITE TRAIL PROJECT AND \$15,800
PROFESSIONAL FEES WERE EXPENSED TOWARDS MAPPING AND SURVEYING THE TRAIL
AREA. THAT LAND IS NOT OWNED BY THE ORGANIZATION. THESE AMOUNTS ARE NOT
RECORDED ON THE FORM 990EZ. AFTER THE TRAIL IS COMPLETED, THE
ORGANIZATION WILL DEVELOP SIGNAGE TO DISPLAY FOR THE HISTORY OF THAT
AREA. THE ORGANIZATION'S OFFICERS HAVE SPEARHEADED THIS PROJECT FROM
ITS CONCEPTION AND HAVE MET WITH THE COAL COMPANIES, LAND OWNERS, AND
LOCAL GOVERNMENT OFFICIALS TO WORK OUT THE LOGISTICS OF THE PROJECT.
AFTER THE COMPLETION OF THE TRAIL, THIS OUTDOOR ATTRACTION WILL BE A
GREAT ADDITION TO THE COMMUNITY ALONG WITH THE MUSEUM THAT IS BEING
DEVELOPED FOR BUCHANAN COUNTY. BOTH TOURIST ATTRACTIONS WILL BECOME
332212 11-14-23 Schedule O (Form 990) 202 23
451112 102410 BCHSINC 2023.04030 BUCHANAN COUNTY HISTORICAL BCHSINC1

lame of the organization BUCHANAN COUNTY HISTORICAL SOCIETY OF VIRGINIA, INC.	Employer identification nu 46-1937331
JNIQUE DESTINATIONS THAT WILL SERVE AS EDUCATIONAL VENU	UES FOR OUR
SCHOOL CHILDREN, LOCAL POPULATION, AND TOURISTS THAT TH	RAVEL FROM
DUTSIDE THE AREA.	
32212 11-14-23	Schedule O (Form 990