PBMARES, LLP 12150 MONUMENT DRIVE, SUITE 350 FAIRFAX, VA 22033

THE OLD DOMINION BOAD CLUB FOUNDATION 0 PRINCE STREET ALEXANDRIA, VA 22314

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CLIENT'S COPY

FORM 990-PF

Tax Return Carryovers to 2023

NAME: THE	OLD DOMINION BOAD CLUB FOUNDATION		ID	Numbe	r: 84-3701946
Disallowing Form	Description	Originating Form	Entity/ Activity	St/ City	Amount
990-PF	EXCESS DISTRIBUTIONS	990-PF			32,834.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20

OMB No. 1545-0047

Departme	nt of the Treasury			Do not send to the IRS	6. Keep for your records.			
	evenue Service		Go to	www.irs.gov/Form887	9TE for the latest informat	ion.		
lame of	filer					EIN or		
	THE OLD	DOMINI	ON BO	DAD CLUB FOUN	DATION	84-	-3701946	
Name ar	d title of officer or pers	on subject to ta	ax JAI	NICE HOBART				
				AIR				
Part	Type of R	eturn and	Return	Information				
Form 5 or 10a whiche	330 filers may enter on the second se	dollars and ce int on that line	ents. For a	ll other forms, enter who eturn being filed with this	enter the applicable amoun e dollars only. If you check t form was blank, then leave e return, then enter -0- on the	he box on line 1a, line 1b, 2b, 3b, 4b	2a, 3a, 4a, 5a, 6 , 5b, 6b, 7b, 8b,	Sa, 7a, 8a, 9a 9b, or 10b,
1an or	Form 990 check he	_{го} Г		Total revenue if any (Fo	rm 990, Part VIII, column (A)	line 12\	1h	
2a	Form 990-EZ check				rm 990-EZ, line 9)			
3a	Form 1120-POL ch	····			L, line 22)			
	Form 990-PF check	_			nt income (Form 990-PF, Pa		3b	0.
4a		_					4D	<u> </u>
5a	Form 8868 check h	_			3, line 3c)			
6a -	Form 990-T check	_			art III, line 4)			
7a	Form 4720 check h	_			art III, line 1)			
8a	Form 5227 check h	_			tax year (Form 5227, Item	D)		
9a	Form 5330 check h	_	_	Tax due (Form 5330, Par	, ,			
10a Part	Form 8038-CP che				ent requested (Form 8038-0 ficer or Person Subje		10b	
ater that payment persona	an 2 business days p at of taxes to receive	rior to the pay confidential ir	yment (set nformatior	ttlement) date. I also auth n necessary to answer in	I must contact the U.S. Trea norize the financial institution quiries and resolve issues re n and, if applicable, the cons	is involved in the pr lated to the paymer	rocessing of the ont. I have selecte	electronic
	I authorize					to enter n	nv PIN	
				ERO firm name			,	numbers, but
								ter all zeros
Σ	with a state agend on the return's dis As an officer or pereturn. If I have income.	cy(ies) regulati sclosure conse erson subject dicated within	ing charition ent screer to tax with this retur	es as part of the IRS Fed n. n respect to the entity, I v	have indicated within this re/State program, I also autho vill enter my PIN as my signar is being filed with a state aute consent screen.	rize the aforemention	oned ERO to ento	er my PIN
Signature	of officer or person subject	to tax					Date	
Part		on and Au	thentic	ation				
RO's	EFIN/PIN. Enter you	r six-digit elec	tronic filin	g identification				
numbe	(EFIN) followed by y	our five-digit s	self-select	ed PIN.		145678 ter all zeros		
submitt		-	-		e 2022 electronically filed re lodernized e-File (MeF) Inforr			
ERO's si	gnature PBMA	RES LLE	?		Date	10/22/2	23	
		Do No			Form - See Instruction			
<u> </u>	or Privacy Act and			Act Notice, see instruc	IRS Unless Requeste	u 10 D0 30	Eorm 887	9-TE (2022
_□/~\ F	or riivacy Actaila i	ahei wolk K	-uuction	ACL NOUCE, SEE 11150100	uona.		1 01111 001	- · - (2022

202521 12-16-22

Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.



Ford	aler	dar year 2022 or tax year beginning		, and endi	ing		
Name of foundation						A Employer identification	number
		OLD DOMINION BOAD CLUE				84-3701946	
_	Number and street (or P.O. box number if mail is not delivered to street address) 0 PRINCE STREET Room/suite					B Telephone number $703-836-19$	0.0
City	or t	own, state or province, country, and ZIP or foreign	postal code	I		C If exemption application is pe	
		XANDRIA, VA 22314					
G C	heck	all that apply: Initial return	Initial return of a fo	ormer public cha	rity	D 1. Foreign organizations	, check here
		Final return	Amended return			Foreign organizations mee check here and attach cor	eting the 85% test,
	book	Address change	Name change				
п С	_	type of organization: X Section 501(c)(3) ection 4947(a)(1) nonexempt charitable trust		tion		E If private foundation stat	
L Fa		arket value of all assets at end of year J Accoun		Accrual	I	under section 507(b)(1)(• •
		· 1 —	Other (specify)	Accidat	'	F If the foundation is in a 6 under section 507(b)(1)(
(\$	48,702. (Part I, colu	mn (d), must be on cash basi	is.)			(D), GIGGIN HOTO
Pa	rt I		(a) Revenue and expenses per books	(b) Net inves		(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	57,635.				(dustribusio ority)
	2	Check if the foundation is not required to attach Sch. B	2.,000				
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
ine	6a h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			0.		
æ	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
		Less: Cost of goods sold					
	C	Gross profit or (loss)					
	11	Other income	F7 C2F		0	•	
	12	Total. Add lines 1 through 11	57,635.		0.	0.	0
	13 14	Compensation of officers, directors, trustees, etc. Other employee salaries and wages			0.	0.	0.
		Pension plans, employee benefits					
S	40-	Legal fees					
) Sus	b	Accounting fees					
Expense	C	Other professional fees					
e E	17	Interest					
Administrative	18	Taxes					
nist	19	Depreciation and depletion					
<u> </u>	20	Occupancy					
7	21	Travel, conferences, and meetings					
and	22	Printing and publications	F 00F		0	•	F 006
ing	23	Other expenses STMT 1	5,895.		0.	0.	5,896.
Operating	24	Total operating and administrative	5,895.		0.	0.	5,896.
Ope	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	23,700.		0.	U •	23,700.
	25 26	Total expenses and disbursements.	23,700.				23,100•
	40	Add lines 24 and 25	29,595.		0.	0.	29,596.
	27	Subtract line 26 from line 12:					
		Excess of revenue over expenses and disbursements	28,040.				
		Net investment income (if negative, enter -0-)			0.		
		Adjusted net income (if negative, enter -0-)				0.	

223501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

Р	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	year
_	ui t	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	20,662.	48,702.	48,702.
	2	Savings and temporary cash investments			
		Accounts receivable			
		Less; allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	-	Less; allowance for doubtful accounts			
"	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ass		Investments II C and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment: basis			
	''				
	10	Less: accumulated depreciation		+	
		Investments - mortgage loans			
		Investments - other			
	14	Land, buildings, and equipment: basis			
	45	Less: accumulated depreciation			
		Other assets (describe)		+	
	16	Total assets (to be completed by all filers - see the	20 662	40 700	40 700
_		instructions. Also, see page 1, item I)	20,662.	48,702.	48,702.
		Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
jab		Mortgages and other notes payable			
_	22	Other liabilities (describe)			
			0	,	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow FASB ASC 958, check here			
es		and complete lines 24, 25, 29, and 30.	20 662	40 700	
auc		Net assets without donor restrictions	20,662.	48,702.	
3ak	25	Net assets with donor restrictions			
둳		Foundations that do not follow FASB ASC 958, check here			
Ξ		and complete lines 26 through 30.			
ō	26	Capital stock, trust principal, or current funds			
ets	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ass	28	Retained earnings, accumulated income, endowment, or other funds	22.552	40.500	
Net Assets or Fund Balances	29	Total net assets or fund balances	20,662.	48,702.	
Z					
	30	Total liabilities and net assets/fund balances	20,662.	48,702.	
P	art	Analysis of Changes in Net Assets or Fund Bal	ances		
=	т	and another or found belonger of the observation of the second of the se	0		
		net assets or fund balances at beginning of year - Part II, column (a), line 2			20 662
		t agree with end-of-year figure reported on prior year's return)		_	20,662.
		amount from Part I, line 27a			
		inco 1 0 and 0			48,702.
		ines 1, 2, and 3			
		eases not included in line 2 (itemize)		5	48,702.
6	rotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umm (b), ime 29	6	Form 990-PF (2022)
					FULLI 330-1 1 (2022)

Part IV Capital Gains and Losses for Tax on Investment Income	
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, you have been described by the control of the con	
1a	
b NONE	
<u>c</u>	
<u>d</u>	
<u>e</u>	
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (h) Gain of the control of the con	
<u>a</u>	
<u>b</u>	
<u>C</u>	
<u>d</u>	
e Consolida calla for consta phoning point in column (h) and arread by the foundation on 10/01/00	
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) Adjusted basis (k) Excess of col. (i) col. (k), but not lead to the foundation of 12/31/69.	
(i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any Losses (from	om col. (h))
_ a	
<u>b</u>	
C	
d	
<u>e</u>	
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in	
Part I, line 8 J 3	
Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instru	uctions)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	^
Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)	0.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations,	
enter 4% (0.04) of Part I, line 12, col. (b)	0
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	0.
3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5	0.
	<u> </u>
6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 6a 0.	
b Exempt foreign organizations - tax withheld at source 6b 0.	
c Tax paid with application for extension of time to file (Form 8868) 6c 0.	
d Backup withholding erroneously withheld 6d 0.	
7 Total credits and payments. Add lines 6a through 6d 7	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	0.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed 9 9	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10	•
11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11	

Forn	1990-PF (2022) THE OLD DOMINION BOAD CLUB FOUNDATION 84-370	<u> 1946</u>		Page 4
Pa	rt VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$0 .			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	 ■ By language in the governing instrument, or 			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	VA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address OLDDOMINIONBOATCLUB.COM/FOUNDATION			
14	The books are in care of THE FOUNDATION Telephone no. 703-8	<u> 36-1</u>	900	
	Located at 0 PRINCE STREET, ALEXANDRIA, VA ZIP+4 2			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
	and enter the amount of tax-exempt interest received or accrued during the year		/A	-
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank		Yes	l No

16

securities, or other financial account in a foreign country?

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the

had not been removed from jeopardy before the first day of the tax year beginning in 2022?

701	9	46	ſ	Page 6
			Yes	No
	5	a(1)		Х
		a(2) a(3)		X
	5	a(4)		X
	5	a(5)		X
<u>.</u>		5b		
<u> </u>		5d		
	\vdash	6a 6b		X
	$\overline{}$	7a		Х
A	L	7b		
		8		X
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Form 990-PF (2022) THE OLD DOMINION BOAD CLIP Part VI-B Statements Regarding Activities for Which F			84-3701 ued)	1940		Page 6
5a During the year, did the foundation pay or incur any amount to:		i (continu	<i>100)</i>		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e)) ?			5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); o		- ·				
any voter registration drive?				5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purposes(4) Provide a grant to an organization other than a charitable, etc., organization				5a(3)		
4945(d)(4)(A)? See instructions				5a(4)		х
(5) Provide for any purpose other than religious, charitable, scientific, literary.				04(1)		
the prevention of cruelty to children or animals?				5a(5)		Х
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instr	uctions		N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check			Ш			
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained						
expenditure responsibility for the grant?			N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav promiume on					
a personal benefit contract?				6a		х
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p				6b		X
If "Yes" to 6b, file Form 8870.						
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?			7a		х
b If "Yes," did the foundation receive any proceeds or have any net income attribu				7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	\$1,000,000 in remuneration or					
excess parachute payment(s) during the year?				8		X
Part VII Information About Officers, Directors, Trustore Paid Employees, and Contractors	ees, Foundation Mar	nagers, Highly				
List all officers, directors, trustees, and foundation managers and to	heir compensation.					
1 List all officers, directors, trustees, and foundation managers and t	(b) Title, and average	(c) Compensation	(d) Contributions employee benefit pl	to	(e) Exp	ense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	^{ans} a	ccount, allowa	, other
	to position	Cincor C y	compensation		unoma	
SEE STATEMENT 2		0.	().		0.
				_		
	_					
	_					
				_		
	4					
	-					
Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."				
2 Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	cluded on line 1). If none, (b) Title, and average hours per week devoted to position	enter "NONE."	(d) Contributions employee benefit pl and deferred compensation	to ans a	(e) Exp ccount, allowa	, other
	(b) Title, and average hours per week		and deterred	to ans a	ccount,	, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	to ans a	ccount,	, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	to ans a	ccount,	, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	to ans a	ccount,	, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	to ans a	ccount,	, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	to ans a	ccount,	, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	to anns a	ccount,	, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	to ans a	ccount,	, other
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		and deterred	to ans a	ccount,	, other

223551 12-06-22

Form 990-PF (2022) THE OLD DOMINION BOAD CLUB FOUND		-3701946 Page 7
Part VII Information About Officers, Directors, Trustees, Foundat Paid Employees, and Contractors (continued)	ion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional carvines		0
Total number of others receiving over \$50,000 for professional services Part VIII-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1 N/A		
		\dashv
2		
		-
3		4
4		4
Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on I	ines 1 and 2.	Amount
1 N/A		
		-
2		
		\dashv
All other program-related investments. See instructions.		
3		-
		₫
Total Add lines of the south O		0.
Total. Add lines 1 through 3		1 0.

P	Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign for	oundations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	35,784.
	Fair market value of all other assets (see instructions)	1c	•
	Total (add lines 1a, b, and c)	1d	35,784.
	Reduction claimed for blockage or other factors reported on lines 1a and		•
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	35,784.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	537.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	35,247.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	1,762.
P	Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certain	-
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	1,762.
2a	Tax on investment income for 2022 from Part V, line 5		-
b	Income tax for 2022. (This does not include the tax from Part V.)		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,762.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,762.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	1,762.
P	Part XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	29,596.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	29,596.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X,	·			1 760
line 7 2 Undistributed income, if any, as of the end of 2022:				1,762.
a Enter amount for 2021 only			0.	
b Total for prior years:			J.	
g rotal for prior yours.		0.		
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021 5,000.				
f Total of lines 3a through e	5,000.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$ 29,596.			_	
a Applied to 2021, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	•			
(Election required - see instructions)	0.			1.760
d Applied to 2022 distributable amount	27 024			1,762.
e Remaining amount distributed out of corpus	27,834.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	32,834.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions e Undistributed income for 2021. Subtract line		0.		
			0.	
4a from line 2a. Taxable amount - see instr f Undistributed income for 2022. Subtract			0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2023				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2017				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2023.				
Subtract lines 7 and 8 from line 6a	32,834.			
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021 5,000.				
e Excess from 2022 27,834.				5 000 DE (2000)

223581 12-06-22

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Part XIV Supplementary Information				
3 Grants and Contributions Paid During the		Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
ALEXANDRIA SEAPORT FOUNDATION	NONE	PC	YOUTH APRENTICE	
0 THOMPSONS ALLEY			PROGRAM	
ALEXANDRIA, VA 22314				2,500.
SCHOLARSHIP FUND OF ALEXANDRIA	NONE	PC	COLLEGE SCHOLARSHIPS	
3330 KING ST				
ALEXANDRIA, VA 22302				2,000.
LEUKEMIA & LYMPHOMA SOCIETY	NONE	PC	RESEARCH IN THE FIGHT	
3 INTERNATIONAL DRIVE, SUITE 200			TO CURE CANCER	
RYE BROOK, NY 10573				9,000.
ALEXANDRIA CREW BOOSTERS 103 E RANDOLPH ST	NONE	NC	SUPPORT "TITAN ROWING" ALEXANDRIA CITY	
ALEXANDRIA, VA 22214			SCHOOL'S ROWING	
,			PROGRAM.	10,000.
MARTHE MOVIS FOR MOMS	NONE	D.G.	MOVA HOD MOMA HOLIDAY	
MARINE TOYS FOR TOTS 18251 QUANTICO GATEWAY DRIVE	NONE	PC	TOYS FOR TOTS HOLIDAY GIFT DRIVE	
TRIANGLE, VA 22172			GIII DRIVE	200.
Total			3a	23,700.
b Approved for future payment				
NONE				
NONE				
Total	•	•	3h	0.

Page **12**

Dort VV A	Analysis of Income Dradusing Astivities
Part XV-A	Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)	
•	(a) Business	(b) Amount	Exclusion code	(d) Amount	Related or exempt function income	
1 Program service revenue:	code		Code	7 iiii dant	Tunious mounts	
a						
b						
c						
d						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities						
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
O Gross profit or (loss) from sales of inventory						
1 Other revenue:						
a						
b						
c						
d						
e						
2 Subtotal. Add columns (b), (d), and (e)		0 .		0.	0	
3 Total. Add line 12, columns (b), (d), and (e)				13	0	
See worksheet in line 13 instructions to verify calculations.)						

Relationship of Activities to the Accomplishment of Exempt Purposes Part XV-B

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Form 990-PF (2022) THE OLD DOMINION BOAD CLUB FOUNDATION Page 13 Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: Х (1) Cash X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees Х (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no. (d) Description of transfers, transactions, and sharing arrangements N/A

2a Is th	ne foundation directly or indirectly affiliated with,	or related to, one	or mor	e tax-exempt organ	izations described		
in se	ection 501(c) (other than section 501(c)(3)) or in	section 527?					X Yes No
b If "Y	es," complete the following schedule.						
	(a) Name of organization		(b) Ty	pe of organization		(c) Description of re	elationship
OLD I	DOMINION BOAT CLUB		501	C7	SEE STA	TEMENT 3	
Sign Here	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration		•	, ,		, .	May the IRS discuss this return with the preparer shown below? See instr.
	Signature of officer or trustee			Date	Title		X Yes No
	Print/Type preparer's name	Preparer's s			Date	Check X if	PTIN
	EDWARD T. YODER,	sparor s s	.gatur (•		self- employed	
Paid	CPA	EDWARD	т.	YODER,	10/22/23		P00239134

Form **990-PF** (2022)

Preparer

Use Only

Firm's name PBMARES, LLP

Firm's address 12150 MONUMENT DRIVE, SUITE 350

FAIRFAX, VA 22033

Firm's EIN 54-0737372

Phone no. 703-385-8577

Schedule B

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

	THE OLD DOMINION BOAD CLUB FOUNDATION	84-3701946
Organization type	e (check one):	
Filers of:	Section:	
Form 990 or 990-E	EZ 501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	anization is covered by the General Rule or a Special Rule. cion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
	rganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections s	rganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and tor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Frm 990-EZ, line 1. Complete Parts I and II.	d that received from any one
contribute literary, o	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, sci or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er column (b) instead of the contributor name and address), II, and III.	ientific,
year, con is checke purpose.	rganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ntributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled moved, enter here the total contributions that were received during the year for an exclusively religious. Don't complete any of the parts unless the General Rule applies to this organization because it is, charitable, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Pa	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, et the filing requirements of Schedule B (Form 990).	

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

THE OLD DOMINION BOAD CLUB FOUNDATION

84-3701946

Page 2

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OLD DOMINION BOAT CLUB O PRINCE STREET ALEXANDRIA, VA 22314	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZiP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE OLD DOMINION BOAD CLUB FOUNDATION

84-3701946

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
223/53 11-15			Schedule B (Form 990) (2022)

Name of organization Employer identification number

HE OI	D DOMINION BOAD CLUB F	OUNDATION			84-3701946			
art III	Exclusively religious, charitable, etc., contributi	ions to organizations describ			at total more than \$1,000 for the yea			
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious,	through (e) and the following charitable, etc., contributions of \$1	g line entry. For oi I ,000 or less for th	rganizations ne year. (Enter this info. or	nce.) \$			
	Use duplicate copies of Part III if additional	space is needed.		,	•			
) No. rom	(1) 5	() !! ()						
rom Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held			
L								
		(e) Transfe	er of gift					
	Transferee's name, address, a	ind ZIP + 4	R	elationship of trar	nsferor to transferee			
Γ	·			•				
) No. rom	(h) Diverge of sift	(a) Haa - (/al\ D =	vinting of hour wift in India			
rom art I	(b) Purpose of gift	(c) Use of g	IIT.	(a) Desc	ription of how gift is held			
L								
	(e) Transfer of gift							
	• • • • • • • • • • • • • • • • • • • •							
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee			
) No. rom	(b) Purpose of gift	(a) Hop of gi	:64	(d) Doses	rintian of how gift is hold			
art I	(b) Ful pose of gift	(c) Use of g		(u) Desc	ription of how gift is held			
Ļ								
		(e) Transfe	er of gift					
	Transferee's name, address, a	and 7ID ± 4	D	elationship of tran	nsferor to transferee			
ŀ	Transferce 3 name, address, a	III ZII + +	• • • • • • • • • • • • • • • • • • • •	ciationship of trai				
) No.								
) No. rom art I	(b) Purpose of gift	(c) Use of gi	ift	(d) Desc	ription of how gift is held			
				-				
		(e) Transfe	er of gift					
	T		_	alasta alat				
-	Transferee's name, address, a	ina ZIP + 4	R	elationship of tran	nsferor to transferee			

FORM 990-PF	OTHER E	XPENSES	ISES STATEMENT 1		
DESCRIPTION	(A)	(B)	(C)	(D)	
	EXPENSES	NET INVEST-	ADJUSTED	CHARITABLE	
	PER BOOKS	MENT INCOME	NET INCOME	PURPOSES	
BANK AND CREDIT CARD FEES FUNDRAISING EVENTS SUPPLIES	1,745.	0.	0.	1,746.	
	2,714.	0.	0.	2,714.	
	1,436.	0.	0.	1,436.	
TO FORM 990-PF, PG 1, LN 23	5,895.	0.	0.	5,896.	

NAME AND ADDRESS	TITLE AND AVRG HRS/WK			
JANICE HOBART 0 PRINCE STREET ALEXANDRIA, VA 22314	CHAIR 4.00	0.	0.	0
MYRON MINTZ 0 PRINCE STREET ALEXANDRIA, VA 22314	TREASURER 1.00	0.	0.	0
VIRGINIA BANCHOFF 0 PRINCE STREET ALEXANDRIA, VA 22314	SECRETARY 1.00	0.	0.	0
BRUCE CATTS O PRINCE STREET ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0
JOHN B CONNOR O PRINCE STREET ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0
LAUREN KRAMER O PRINCE STREET ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0
SUZANNE WILLETT O PRINCE STREET ALEXANDRIA, VA 22314	DIRECTOR 1.00	0.	0.	0
TOTALS INCLUDED ON 990-PF, I	PAGE 6, PART VII	0.	0.	0

990-PF AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS
PART XVI, LINE 2, COLUMN (C)

STATEMENT 3

NAME OF AFFILIATED OR RELATED ORGANIZATION

OLD DOMINION BOAT CLUB

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

THE OLD DOMINION BOAT CLUB FOUNDATION