** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

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

Internal Revenue Service

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

Open to Public Inspection

Αŀ	For the	2018 calendar year, or tax year beginning OC	${ m T}$ 1 , 2018 and end	ding S	EP 30, 2019	
B	Check if applicable:	C Name of organization			D Employer identifi	cation number
X	Address	THE SHENANDOAH NATIONAL	PARK TRUST			
L	Name change	Doing business as			20-8	685310
Ļ	Initial return	Number and street (or P.O. box if mail is not delive	,	om/suite	E Telephone numbe	
	Final return/ termin-	1750 ALLIED STREET	C			293-2728
	ated Amende	City or town, state or province, country, and Z	IP or foreign postal code 903		G Gross receipts \$	1,344,823.
H	⊒return □Applica	CHARDOTTESVIDDE, VA ZZ			H(a) Is this a group re	
	tiòn pending	SAME AS C ABOVE	II SHEKHAN		for subordinates H(b) Are all subordinates in	
$\overline{}$	Γαν-ρνρι	mpt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or	527		list. (see instructions)
		WWW.SNPTRUST.ORG	10 17 (4)(1) 01 2	027	H(c) Group exemption	
			ociation Other >	L Year o		A State of legal domicile: VA
Pá		Summary			•	·
-	1 E	Briefly describe the organization's mission or most s	ignificant activities: SEE SC	HEDU	LE O	
anc	_					
Governance		check this box 🕨 📖 if the organization discont				
Š		lumber of voting members of the governing body (F				22
<u>«</u>		lumber of independent voting members of the gove				22
Activities &	5 T	otal number of individuals employed in calendar ye	ar 2018 (Part V, line 2a)		5	60 60
Ę	6 T	otal number of volunteers (estimate if necessary)	(0) !! 10		6	0.
Ac		otal unrelated business revenue from Part VIII, colu				0.
	יו מ	let unrelated business taxable income from Form 9	90-1, iiile 36		Prior Year	Current Year
Revenue	8 0	Contributions and grants (Part VIII, line 1h)			2,314,238.	1,147,302.
		Program service revenue (Part VIII, line 2g)			7,213.	4,278.
eve		nvestment income (Part VIII, column (A), lines 3, 4, 2			60,614.	82,111.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			18,168.	27,195.
		otal revenue - add lines 8 through 11 (must equal P			2,400,233.	1,260,886.
	13 (Grants and similar amounts paid (Part IX, column (A)	, lines 1-3)		609,619.	665,157.
	14 E	Benefits paid to or for members (Part IX, column (A),	line 4)		0.	0.
es		salaries, other compensation, employee benefits (Pa			361,514.	393,545.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), lin	e 11e)		0.	0.
Ä		otal fundraising expenses (Part IX, column (D), line			251,394.	261,032.
_		Other expenses (Part IX, column (A), lines 11a-11d, 1			1,222,527.	
	1	otal expenses. Add lines 13-17 (must equal Part IX,			1,177,706.	
es	19 7	Revenue less expenses. Subtract line 18 from line 12	2	Red	ginning of Current Year	End of Year
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)			4,437,722.	4,446,755.
Ass J Ba	21 T	otal liabilities (Part X, line 26)			74,002.	53,166.
Net	22 N	let assets or fund balances. Subtract line 21 from li	ne 20		4,363,720.	4,393,589.
	art II	Signature Block				
Und	er penalt	ies of perjury, I declare that I have examined this return, in	cluding accompanying schedules an	d stateme	ents, and to the best of m	y 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.	
		Signature of officer			Doto	
Sig		, -	T DIDECTOR		Date	
Her	e	SUSAN SHERMAN, EXECUTIV	E DIRECTOR			
		y 31 1)ranarar'a ajanatura	T D	ate Check	PTIN
Paid		Print/Type preparer's name P. FRANK BERRY	Preparer's signature	ا ا	if	
	<u> </u>	Firm's name HANTZMON WIEBEL L	LP. CPA'S		self-employ Firm's EIN ▶	54-0618213
		Firm's address 818 E. JEFFERSON			THIII 3 LIN	
		CHARLOTTESVILLE,			Phone no. (4	34)296-2156
May	v the IR	S discuss this return with the preparer shown above			1	X Yes No

Check if Schedules Contains a response or note to any line in this Part III Firstly describe the organization smission: THE SHENANDOAH NATIONAL PARK TRUST IS THE OFFICIAL PHILANTHROPIC PARTINER OF SHENANDOAH NATIONAL PARK. THE TRUST RAISES FUNDS TO SUPPORT INITIATIVES THAT BENEFIT SHENANDOAH NATIONAL PARK TODAY AND FOR FUTURE GENERATIONS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. If "Yes," describe these changes on Schedule O. If "Yes," describe these changes on Schedule O. Yes," describe these changes on Schedule O. A Describe the organization case accomplishments for each of its three largest program services, as measured by expenses. Section 5016(8) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service experted. **Received of the school of the s	Pai	rt III Statement of Program Service Accomplishments	
THE SHENANDOAH NATIONAL PARK TRUST IS THE OFFICIAL PHILIANTHROPIC PARTNER OF SHENANDOAH NATIONAL PARK. THE TRUST RAISES FUNDS TO SUPPORT INITIATIVES THAT BENEFIT SHENANDOAH NATIONAL PARK TODAY AND FOR FUTURE GENERATIONS. 2 Did the organization undertake any significant program services during the year which were not listed on the professore these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services as measured by expenses. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(s)3 and 501(s)4 organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses. 4 (costs ()Cospessor 1,045,447 reducing grants of \$ 610,401.) (Revenue \$ 3,683.*) A SA AN OFFICIAL PHILANTHROPIC PARTNER OF THE NATIONAL PARK SERVICE, THE SHENANDOAH NATIONAL PARK SERVICE THE SHENANDOAH NATIONAL PARK SERVICE THE SHENANDOAH NATIONAL PARK SERVICE TO THEIR NATIONAL PARK SERVICE, WITH GENERAL PROPERTY OF THE NATIONAL PARK SERVICE, WORKFORCE, FUNDS RAISES USEPORT FROPLE TO THEIR NATIONAL PARK SERVICE WORKFORCE, FUNDS RAISES QUEPPORT PROGRAMS IN CLIMATE CHANGE RESILIENCE, HISTORIC PRESERVATION, SCIENTIFIC EXPLORATION, YOUTH EDUCATION, AND RECREATION. 4 (costs ()Cospessor 118,522, reducing grants of \$ 54,756.) (Revenue \$ 595.) THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4 (costs ()Cospessor ()Cospess		Check if Schedule O contains a response or note to any line in this Part III	<u></u>
PARTMER OF SHENANDOAH NATIONAL PARK. THE TRUST RAISES FUNDS TO SUPPORT INITIATIVES THAT BENEFIT SHENANDOAH NATIONAL PARK TODAY AND FOR FUTURE GENERATIONS. 2 Did the organization undertake any significant program services during the year which were not leted on the prior form 300 risplect.	1		
SUPPORT INITIATIVES THAT BENEFIT SHENANDOAH NATIONAL PARK TODAY AND FOR FUTURE GENERATIONS. Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900 cr 900 c			
POR FUTURE GENERATIONS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E27 If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?			7 NTD
2 Do the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2? If "Yes," describe these charges on Schedula O. Do the organization cease conducting, or make significant changes in how it conducts, any program services. Ves 【X No If "Yes," describe these changes on Schedula O. Do School (S) and 501 (S) (G) and 501 (S) (G) organizations service accomplishments for each of its three largest program services, as measured by expenses. Section 501 (S) and 501 (S) (G) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service scored to the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. As An OFFICIAL PHILANTHROPIC PARTNING OF THE NATIONAL PARK SERVICE, THE SHENANDOAH NATIONAL PARK SERVICE, THE WASTIONAL PARK AND SERVICE, THE WASTIONAL PARK SERVICE, T			AND
pror Form 990 or 990 cf?			
If "Yes," clearche these new services on Schedule 0.	2		٦., 😈
Ves.			JYes LA⊒No
## 1 **Yes, "describe these changes on Schedule O. ## Searchine to organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. ## (Code:	_	·], [y],
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Coop. 1) (Expenses \$ 1,045,447. Including grants of \$ 610,401.) (Revenue \$ 3,683.) AS AN OFFICIAL PHILANTHROPIC PARTNER OF THE NATIONAL PARK SERVICE, THE SHENANDOAH NATIONAL PARK TRUST RAISES FUNDS TO SUPPORT SHENANDOAH NATIONAL PARK TRUST RAISES FUNDS TO SUPPORT SHENANDOAH NATIONAL PARK SERVICE TO PROTECT ITS NATURAL AND CULTURAL RESOURCES, CONNECT PEOPLE TO THEIR NATIONAL PARK EDUCATE AND INSPIRE THE NEXT GENERATION OF PARK STEWARDS, AND ENSURE A STRONG PARK SERVICE WORKFORCE. FUNDS RAISED SUPPORT PROGRAMS IN CLIMATE CHANGE RESILIENCE, HISTORIC PRESERVATION, SCIENTIFIC EXPLORATION, YOUTH EDUCATION, AND RECREATION. 4b (Coop. 1) (Expenses \$ 118,522. Including grants of \$ 54,756.) (Revenue \$ 595.) THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (Coop. 1) (Expenses \$ 10.00 to the cluding grants of \$ 10.00	3		JYes LA_INo
4d (Code) (Expenses 1.0.45.447. including grants of \$ 610.401.) (Revenue \$ 3.683.) AS AN OFFICIAL PHILANTHROFIC PARTNER OF THE NATIONAL PARK SERVICE, THE SHENANDOAH NATIONAL PARK TRUST RAISES FUNDS TO SUPPORT SHENANDOAH NATIONAL PARK'S MISSION TO PROTECT ITS NATURAL AND CULTURAL RESOURCES, CONNECT PEOPLE TO THEIR NATIONAL PARK, EDUCATE AND INSPIRE THE NEXT GENERATION OF PARK STEWARDS, AND ENSURE A STRONG PARK SERVICE WORKFORCE. FUNDS RAISED SUPPORT PROGRAMS IN CLIMATE CHANGE RESILIENCE, HISTORIC PRESERVATION, SCIENTIFIC EXPLORATION, YOUTH EDUCATION, AND RECREATION. 4b (Code) (Expenses \$ 118,522. including grants of \$ 54,756.) (Prevenue \$ 595.) THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL TOWASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4d (Code) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Freenum \$) (Revenue \$) (Freenue \$) (Revenue \$) (4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses.
4a (Code) (Experience 1,045,447. Including grants of 610,491.) (Reserved 3,683.) AS AN OFFICIAL PHILANTHROPIC PARTNER OF THE NATIONAL PARK SERVICE, THE SHENANDOAH NATIONAL PARK TRUST RAISES FUNDS TO SUPPORT SHENANDOAH NATIONAL PARK SERVICE TO THEIR NATIONAL PARK & MISSION TO PROTECT ITS NATURAL AND CULTURAL RESOURCES, CONNECT PROPIE TO THEIR NATIONAL PARK, EDUCATE AND INSPIRE THE NEXT GENERATION OF PARK STEWARDS, AND ENSURE A STRONG PARK SERVICE WORKFORCE. FUNDS RAISED SUPPORT PROGRAMS IN CLIMATE CHANGE RESILIENCE, HISTORIC PRESERVATION, SCIENTIFIC EXPLORATION, YOUTH EDUCATION, AND RECREATION. 4b (Code) (Experience 118,522. Including grants of 54,756.) (Revenue 595.) THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE FUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (Code) (Experience including grants of including gra		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	nses, and
As AN OFFICIAL PHILANTHROPIC PARTNER OF THE NATIONAL PARK SERVICE, THE SHENANDOAH NATIONAL PARK TRUST RAISES PUNDS TO SUPPORT SHENANDOAH NATIONAL PARK'S MISSION TO PROTECT ITS NATURAL AND CULTURAL RESOURCES, CONNECT PEOPLE TO THEIR NATIONAL PARK, EDUCATE AND INSPIRE THE NEXT GENERATION OF PARK STEWARDS, AND ENSURE A STRONG PARK SERVICE WORKFORCE. FUNDS RAISED SUPPORT PROGRAMS IN CLIMATE CHANGE RESILIENCE, HISTORIC PRESERVATION, SCIENTIFIC EXPLORATION, YOUTH EDUCATION, AND RECREATION. 40 (Code			
SHEMANDOAH NATIONAL PARK TRUST RAISES FUNDS TO SUPPORT SHEMANDOAH NATIONAL PARK'S MISSION TO PROTECT ITS NATURAL AND CULTURAL RESOURCES, CONNECT PEOPLE TO THEIR NATIONAL PARK, EDUCATE AND INSPIRE THE NEXT GENERATION OF PARK STEWARDS, AND ENSURE A STRONG PARK SERVICE WORKPRORCE, FUNDS RAISED SUPPORT PROGRAMS IN CLIMATE CHANGE RESILIENCE, HISTORIC PRESERVATION, SCIENTIFIC EXPLORATION, YOUTH EDUCATION, AND RECREATION. 4b (Code:)(Expenses \$ 118,522. including grants of \$ 54,756.) (Revenue \$ 595.) THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (Code:)(Expenses \$ including grants of \$	4a		
NATIONAL PARK'S MISSION TO PROTECT ITS NATURAL AND CULTURAL RESOURCES, CONNECT PEOPLE TO THEIR NATIONAL PARK, EDUCATE AND INSPIRE THE NEXT GENERATION OF PARK STEWARDS, AND ENSURE A STRONG PARK SERVICE WORKFORCE. FUNDS RAISED SUPPORT PROGRAMS IN CLIMATE CHANGE RESILIENCE, HISTORIC PRESERVATION, SCIENTIFIC EXPLORATION, YOUTH EDUCATION, AND RECREATION. 4b (Code:)(Expenses 118,522. including grants of \$ 54,756.)(Revenue \$ 595.) THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHEMANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (Code:)(Expenses \$		AS AN OFFICIAL PHILANTHROPIC PARTNER OF THE NATIONAL PARK SERVIC	E, THE
CONNECT PEOPLE TO THEIR NATIONAL PARK, EDUCATE AND INSPIRE THE NEXT GENERATION OF PARK STEWARDS, AND ENSURE A STRONG PARK SERVICE WORKFORCE. FUNDS RAISED SUPPORT PROGRAMS IN CLIMATE CHANGE RESILIENCE, HISTORIC PRESERVATION, SCIENTIFIC EXPLORATION, YOUTH EDUCATION, AND RECREATION. 4b (Code:)(Expenses \$ 118,522. moluding grants of \$ 54,756.)(Revenue \$ 595.) THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (Code:)(Expenses \$		SHENANDOAH NATIONAL PARK TRUST RAISES FUNDS TO SUPPORT SHENANDOA	H
GENERATION OF PARK STEWARDS, AND ENSURE A STRONG PARK SERVICE WORKFORCE. FUNDS RAISED SUPPORT PROGRAMS IN CLIMATE CHANGE RESILIENCE, HISTORIC PRESERVATION, SCIENTIFIC EXPLORATION, YOUTH EDUCATION, AND RECREATION. 4b (code) (Expenses \$118,522. including gents of \$		NATIONAL PARK'S MISSION TO PROTECT ITS NATURAL AND CULTURAL RESO	URCES,
WORKFORCE FUNDS RAISED SUPPORT PROGRAMS IN CLIMATE CHANGE RESILIENCE, HISTORIC PRESERVATION, SCIENTIFIC EXPLORATION, YOUTH EDUCATION, AND RECREATION. 4b (code:)(Expenses \$ 118,522 * including grants of \$ 54,756 * .) (Revenue \$ 595 * .) THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTMERSHIP FOR REGIONAL TOWNSIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC -PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (code:)(Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$) (Revenue \$		CONNECT PEOPLE TO THEIR NATIONAL PARK, EDUCATE AND INSPIRE THE N	EXT
HISTORIC PRESERVATION, SCIENTIFIC EXPLORATION, YOUTH EDUCATION, AND RECREATION. 4b (Codes) (Expenses \$ 118,522. including prants of \$ 54,756.) (Revenue \$ 595.) THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		GENERATION OF PARK STEWARDS, AND ENSURE A STRONG PARK SERVICE	
### RECREATION. ### (Code:)(Expenses		WORKFORCE. FUNDS RAISED SUPPORT PROGRAMS IN CLIMATE CHANGE RESIL	IENCE,
4b (Code:)(Expenses \$ 118,522. including grants of \$ 54,756.) (Revenue \$ 595.) THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (Code:)(Expenses \$		HISTORIC PRESERVATION, SCIENTIFIC EXPLORATION, YOUTH EDUCATION,	AND
THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (code:)(Expenses \$		RECREATION.	
THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (code:)(Expenses \$			
THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (code:)(Expenses \$			
THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (code:)(Expenses \$			
THE TRUST SUPPORTS THE BLUE RIDGE PRISM (PARTNERSHIP FOR REGIONAL INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (code:)(Expenses \$			
INVASIVE SPECIES MANAGEMENT), A COLLABORATIVE PUBLIC-PRIVATE INITIATIVE TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (Code:)(Expenses \$	4b	(Code:) (Expenses \$ 118,522. including grants of \$ 54,756.) (Revenue \$	
TO CONTROL INVASIVE, NON-NATIVE SPECIES IN SHENANDOAH NATIONAL PARK AND 2.5 MILLION ACRES OF SURROUNDING HABITAT. 4c (Code:) (Expenses \$			
4c (Code:) (Expenses \$			
4c (Code:) (Expenses \$			ARK AND
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \ 1,163,969.		2.5 MILLION ACRES OF SURROUNDING HABITAT.	
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \ 1,163,969.			
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \ 1,163,969.			
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \ 1,163,969.			
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \ 1,163,969.			
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \ 1,163,969.			
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \ 1,163,969.			
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \ 1,163,969.			
4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses \ 1,163,969.			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.	4c	(Code:) (Expenses \$)
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.			
(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 1,163,969.			
4e Total program service expenses ▶ 1,163,969.	4d	Other program services (Describe in Schedule O.)	
		1 162 060	
	4e		000

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
J	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			 ₩
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	100	Х
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			╁
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			7.7
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			X
07	If "Yes," complete Schedule R, Part V, line 2	36		├^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 6 1 1 2a 6 2a 6 2a 6 3 3 3 3 3 3 3 3 3				Yes	No
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Id the organization have unrelated business goes income of \$1,000 or more during the year? 3b If "Yes," riss If filed a form 950° for this year? If "Not" to line 3b, provide an explanation in Schedule 0 3c At any time during the calendary year, did the organization have an interest in, or a significance or other authority over, a financial account in a foreign country. Even the name of the foreign country. Even 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction or it is any contributions that were not tax deductibles of enhanced that any contributions that were not tax deductibles on enhanced that any contributions that were not tax deductibles on enhanced that a contributions or gifts were not tax deductibles on enhanced that a contribution or enhanced to the payor? 7c Organizations that may receive deductible? 7d Organizations that was on the contribution and party for goods and services provided to the payor? 7d If "Yes," indicates the number of Forms 8882 Ried during the year 7d If were, "and charge any enhanced that the payor of the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If the organization received a contribution of the value of the goods or services provided? 7e Did the organization received any payment in excess of \$75 made pa	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you risy be required to e-file (see instructions) 3 Did the organization have unrolated business gross income of \$1,000 or more during the year? 3 Did If Yes, 1 has it filed a Form 990-T for this year? If 'No' to fine 8b, provide an explanation in Schedule O 3 Did If Yes, 1 has it filed a Form 990-T for this year? If 'No' to fine 8b, provide an explanation in Schedule O 3 Did If Yes, 1 has it filed a Form 990-T for this year? If 'No' to fine 8b, provide an explanation or other authority over, a financial account? If control the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4 Did Yes, 1 when the name of the foreign country; be a bank account, securities account, or other financial accounts (FBAR). 5 Did was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did Did was the organization in the organization file Form 8888-17 5 Did any contributions that were not tax deductible as charitable contributions? 6 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c), 8 Did the organization state any receive deductible contributions under section 170(c), 9 Did the organization state any receive deductible contributions under section 170(c), 10 Did the organization receive any funds, directly or indirectly, to pay premume an apersonal banefit contract? 7 Did the Organization state any received deductible contributions under section 170(c), 10 Did the organization received any funds, directly or indirectly, to pay premume an apersonal banefit contract? 7 Did the Organization state and payment in excess of \$15 made party sa a contribution of payment of the payment o		filed for the calendar year ending with or within the year covered by this return 2a 6			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, "Nest tilled a Form 9907 for this year? I "Note * to me. 8b, provide an explanation in Schedule O 5c If Yes," I set it filed a Form 9907 for this year? I "Note * to me. 8b, provide an explanation in Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? I are the financial account? I have a solid the scount, securities account, or other financial accounts (FBAF). 5c If Yes * to line Sao r Sb, did the foreign country is executed and the during the tax year? 5c Was the organization that for eign country. 5c If Yes * to line Sao r Sb, did the organization file Form 88867 r. 5d If Yes * to line Sao r Sb, did the organization the Form 88867 r. 5d If Yes * to line Sao r Sb, did the organization the Form 88867 r. 5d If Yes * to line Sao r Sb, did the organization to tax deductible schariable contributions? 6d If Yes * to line Sao r Sb, did the organization to tax deductible schariable contributions? 6d If Yes * to line sao r Sb, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Use * to result the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c), a bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d Organizations that may receive deductible contributions under section 170(c), bit If Yes, * inclinate the number of forms 8922 filed during the year 1c bit the organization receive an posity the deposity or indirectly, on pay personal benefit contract? 7e X 7f Did the organization received an contribution of cause of the section of the form 8999 arequired? 7h If the organi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If "Yes," has it filed a Form 990-T for this year? If "No!" to line 3b, provide an explanation in Schedule C 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? a foreign country (seuch as a bank account, securities account, or other financial accounts? 5b If "Yes," enter the name of the foreign country; Issue as a bank account, securities account, or other financial accounts (FBAR). 5c en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Vast the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Vast the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Vast (Fest, Vast (Vast)		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A ray time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, "enter the name of the foreign country. Person of the control of the property of the	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
the infrancial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," retert the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year? 5c If "Yes" to line Sa or 5b, did the organization file Form 8886-17? 6a Does the organization annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. 7c Organization stat many receive deductible contributions under section 170(c). 8c Did the organization receive a payment in excess of \$75 made party as a contribution of property for which it was required to life Form 8282? 8c Did the organization received a payment in excess of \$75 made party as a contribution of property for which it was required to life Form 8282? 8c Did the organization received a contribution of unique type year. 9c Did the organization received a contribution of unique type year. 9c Did the organization received a contribution of unique type year. 9c Did the organization received a contribution of unique type year. 9c Sponsoring organization make any taxable distributions under section 49867 when the organization feed person? 9c Section 501(c)(17) organizations Enter: 9c In the organization received a contribution of unique type year. 9c Section 501(c)(17) organizations Enter: 9c In the organization sectived a contribution of unique type year. 9c Sectio			3b		
b If "Yes," enter the name of the foreign country. ▶ Sae instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b IV any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization fills form 8868-7. 5c If "Yes" to line 5a or 5b, did the organization fills form 8868-7. 5c Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c A If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). a bill the organization state may receive deductible contributions under section 170(c). a bill the organization state in excess of \$75 made partly as contribution and party for goods and services provided to the payor? bill "Yes," include the organization notify the donor of the value of the goods or sensips provided: bill "Yes," included the organization notify the donor of the value of the goods or sensips provided: contribution of the value of the goods or sensips provided to the payor? bill the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X if If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? if If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? if If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? bill the organization have excess business holdings at any time	4a				
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 In 1995 to like 5 or 5 bt, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 In 1995 to like 5 or 5 bt, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 In 1995 to like 5 or 5 bt, did the organization that it was or is a party to a prohibited tax shelter transaction? 5 In 1995 to like 5 or 5 bt, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 In 1995 to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 In 1995 to did the organization receive a payment in excess of 35 made parity as a contribution and parity for goods and services provided to the payor? 8 In 1995 to did the organization neceive apayment in excess of 35 made parity as a contribution of property for which it was required to like Form 8282? 8 In 1995 to did the organization on contribution of the value of the goods or services provided? 9 In 1995 to did the organization on contribution of the value of the goods or services provided? 10 In 1995 to did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 In 1995 the organization received a contribution of qualified intellectual property, did the organization fle a Form 1098 CP 3 payments, directly or indirectly, on a personal benefit contract? 10 In 1995 the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization the a Form 1098 CP 3 payments of the organizati			4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c), a Did the organization receive a payment in excess of \$75 made partly as a contribution and party for goods and services provided to the payor? 5 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822? 7 C X d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 7 Did the organization receive and contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organization make a terminance, or divertive during the year? 9 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization makinal ming donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a termination and the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring forganizations sanitatining donor advised funds. 10 Did the sponsoring organization make a particulation for a formation in the particulation in the particulation in the particulation in the particulation	b				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 If yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file or more of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization make any taxable distributions under section 4968? 9 Sponsoring organization make excess business holdings at lary time during the year? 9 Sponsoring organization make excess business holdings at lary time during the year? 9 Sponsoring organization make any taxable distribution sunder section 4968? 9 Did the sponsoring organization make any taxable distributions under section 4968? 9 Did the sponsoring organization make any taxable distribution sunder section 4968? 9 Did the sponsoring organization make any taxable distributions under section 4968? 9 Did the sponsoring organization make any taxable distribution sunder section 4968? 10 Section 501(c/17) organizations. Enter: 110 Did the organization or that ex					37
ti "Yes" to line 5a or 5b, did the organization file Form 888-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions? 6 a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization teceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 5 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 6 b If "Yes," inclinate the number of Forms 8282 filed during the year 8 b If If If I inclinate the number of Forms 8282 filed during the year 9 b I of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 b I of the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 10 b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 11 b If the organization have excess business holdings at any time during the year? 12 Section 501(c)(7) organizations maintaining donor advised funds. 13 Section 501(c)(7) organization make any taxable distributions under section 4966? 14 Section 501(c)(7) organization make a distribution to a donor, donor advised rund maintained by the sponsoring organization make a distribution to a donor, donor advised rund maintained by the sponsoring organization make any taxable distributions under section 49667 15 Section 501(c)(7) organizations. Enter: 16 If I section 501(c)(7) organizations included on Part VIII, line 12, for public use of club facilities 17 Section 501(c	5a				
6a X b If Yes, 'did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization start any receive deductible contributions under section 170(c). 8 Did the organization start any receive deductible contributions under section 170(c). 9 Did the organization sective a payment in excess of \$75 made partly as a contribution and party for goods and services provided? 10 Did the organization sective apayment in excess of \$75 made partly as a contribution and party for goods and services provided? 10 Did the organization sective apayment in excess of \$75 made partly as a contribution on the value of the goods or services provided? 10 Did the organization receive and provided the open of the payment of the organization received and payment of the organization received and contribution of qualified intellectual property, did the organization file a Form 1098-07 Time organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 Time organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 Time organization file and org					Δ.
b If "Yes," idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If If the organization received a contribution of cars, boats, anylphase, or other whicked, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Defores receipts, included on Form 909, Part VIII, line 12 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 909, Part VIII, line 12 c Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders b Gross receipts, included on Form 909, Part VIII, line 12 b Gross receipts, included on Form 909, Part VIII, line 12 b Gross receipts, included on Form 909, Part VIII, line 12 b Gross receipts, included on Form 909, Part VIII, line 12 b Gross receipts, included on Form 909, Part VIII, line 12 b Gross receipts, included on Form 909, Part VIII, lin			5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made parfly as a contribution and partly for goods and services provided to the payor? b If "Yes," include the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8282? d If "Yes," include the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 E X g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If Yes, If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? The organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? The organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? The organization property did the organization file Form 1098-C7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations make any taxable distributions under section 49667 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(2) o	ьа		C-		y
were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor? The property of the organization and partly five donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If yes, "indicate the number of Forms 8282 filed during the year	h		ба		1
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year P Did the organization receive any tunds, directly or indirectly, to pay premiums, on a personal benefit contract? 7 To X If Did the organization receive any tunds, directly or indirectly, to na personal benefit contract? 7 To X If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make and distributions under section 4966? Sponsoring organization make and idistributions under section 4966? 9a Did the sponsoring organization make and idistributions under section 4966? 9a Did the sponsoring organization make and idistributions under section 4966? 9a Did the sponsoring organization and and an idiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross income from embers or shareholders 11c Section 501(c)(2) organizations. Enter: 12 Gross income from members or shareholders 12 Gross income from members or shareholders 12 Gross income from members or shareholders 13 Section 501(c)(2) organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? 13 Section 501(c)(2) organiz	b		6h		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year	7		OD		
b f "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form &282? d f "Yes," indicate the number of Forms 8282 filed during the year Td e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76			72		x
to file Form 8282? 7c	_				
to file Form 8282? d If 'Yes,' indicate the number of Forms 8282 filed during the year d If 'Yes,' indicate the number of Forms 8282 filed during the year Polit the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76			7.5		
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76	·		7с		х
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 b Jid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 j If the organization cevieved a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14 If "Yes," enter the amount of reserves the organization in required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? 14 Did the organizati	d				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g			7e		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, or public use of club facilities 10 Gross income from members or shareholders Gross income from members or shareholders Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in formation or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4	f		7f		Х
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Bid the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from members or shareholders Initiation fees and capital contributions. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. In the the amount of reserves on hand In the organization is li	g		7g		
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		sponsoring organization have excess business holdings at any time during the year?	8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11b 11a 11a	а		9a		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," sa it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b		9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 the organization licensed to issue qualified health plans in more than one state? 13a 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 15 c Enter the amount of reserves on hand 15 c 15 Liste organization receive any payments for indoor tanning services during the tax year? 14a X 15 Liste organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 15 Liste organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 16 Listhe organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 16 Listhe organization and file Form 4720, Schedule O.	10	I I			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	11	, n / - -			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Section 501(c)(29) qualified nonprofit health plans in more than one state? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	a				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	D				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	19a		122		
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			u		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.					
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b	· · · · · · · · · · · · · · · · · · ·			
c Enter the amount of reserves on hand 13c					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	С				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 18 the organization an educational institution subject to the section 4968 excise tax on net investment income? 19 X 10 If "Yes," complete Form 4720, Schedule O.	14a		14a		X
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b		14b		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?	15		X
If "Yes," complete Form 4720, Schedule O.		·			
	16		16		X
		If "Yes," complete Form 4720, Schedule O.		000	/00:55

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		
1 a		7a		х
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 a		
b		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
		8a	х	
a L	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 21	
Э	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
<u>Sac</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		- 23
<u> </u>	tion B. I oncies (mis Section B requests information about policies not required by the internal nevenue code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
		1 Ia		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
		120	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45		v
	The organization's CEO, Executive Director, or top management official	15a		X
a	Other officers or key employees of the organization	15b		Λ
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	apie
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ORGANIZATION'S ACCOUNTANT - 434-823-1882			
	5623 SUGAR RIDGE ROAD, CROZET, VA 22932			

832006 12-31-18

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title	(A)	(B)	l		(()		1001	(D)	(E)	(F)
Clistary hours for related organizations below line) Fig. F	Name and Title	hours per	box	not c , unle	heck ss pe	more rson i	than is bot	h an	compensation	compensation	amount of
TRUSTEE		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	from the organization and related
TRUSTER	, - ,	2.00	×			6			0.	0.	0.
TRUSTEE		2,00							•	•	
TRUSTEE	, - ,		x						0.	0.	0.
TRUSTEE	(3) MATTHEW BOYER	2.00									-
TRUSTEE	TRUSTEE		Х						0.	0.	0.
TRUSTEE	(4) MAGGIE BULLARD	2.00									
TRUSTEE	TRUSTEE		Х						0.	0.	0.
Column	(5) PHEBE CAMBATA	2.00									
TRUSTEE	TRUSTEE		Х	4					0.	0.	0.
TRUSTEE	(6) DOROTHY CANTER	2.00							_	_	_
TRUSTEE			X						0.	0.	0.
Real Henry Connors	, , , , , , , , , , , , , , , , , , , ,	2.00	l							•	
TRUSTEE			X						0.	0.	0.
TRUSTEE		2.00	,,							0	0
TRUSTEE		2 00	X						0.	0.	0.
TRUSTEE	_	2.00							ر م	0	0
TRUSTEE X 0. 0. 0. (11) WENDY FEWSTER 3.00 X X 0. 0. 0. TREASURER/SECRETARY X X 0. 0. 0. 0. (12) MAUREEN FINNERTY 2.00 X 0. 0. 0. 0. TRUSTEE X X 0. 0. 0. 0. (13) GREG YATES 4.00 X X 0. 0. 0. CHAIRMAN X X 0. 0. 0. 0. VICE CHAIRMAN X X 0. 0. 0. 0. (15) WALTER HEEB 2.00 X 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0.		2 00	^						0.	0.	0.
TREASURER/SECRETARY		2.00	v						ا م	0	0
TREASURER/SECRETARY		3 00	^						0.	· ·	· ·
TRUSTEE		3.00	x		x				0.1	0.	0.
TRUSTEE		2.00								•	
CHAIRMAN			x						0.	0.	0.
CHAIRMAN X X X 0. 0. 0. (14) EDWARD FUHR 2.00 X X 0. 0. 0. VICE CHAIRMAN X X 0. 0. 0. 0. (15) WALTER HEEB X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0. (17) PATRICE NEESE 2.00 X 0. 0. 0. 0. 0. TRUSTEE X 0. 0. 0. 0. 0. 0.	(13) GREG YATES	4.00							_		<u> </u>
(14) EDWARD FUHR 2.00 VICE CHAIRMAN X X 0. 0. 0. (15) WALTER HEEB 2.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (16) DAVID LONDON 2.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (17) PATRICE NEESE 2.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0.	CHAIRMAN		Х		х				0.	0.	0.
(15) WALTER HEEB 2.00 TRUSTEE X (16) DAVID LONDON 2.00 TRUSTEE X (17) PATRICE NEESE 2.00 TRUSTEE X 0. 0. 0. 0. 0. 0.	(14) EDWARD FUHR	2.00									
TRUSTEE X 0. 0. 0. (16) DAVID LONDON 2.00 0. 0. 0. TRUSTEE X 0. 0. 0. (17) PATRICE NEESE 2.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0.	VICE CHAIRMAN		Х		Х				0.	0.	0.
(16) DAVID LONDON 2.00 TRUSTEE X (17) PATRICE NEESE 2.00 TRUSTEE X	(15) WALTER HEEB	2.00									
TRUSTEE X 0. 0. 0. (17) PATRICE NEESE 2.00 X 0. 0. 0.	TRUSTEE		Х			L	L	L	0.	0.	0.
(17) PATRICE NEESE Z.00 X 0. 0. 0.	(16) DAVID LONDON	2.00									
TRUSTEE X 0. 0. 0.			X						0.	0.	0.
		2.00								_	_
	TRUSTEE		X						0.	0.	

832007 12-31-18

Page 8

Complementation Complement	(A) Name and title	(B) (C) Average hours per (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimated nount of other
TRUSTEE		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	S	com fr org an	pensation om the anization d related
1.93 TAXLOR ODOM		2.00	х						0.		0.		0.
TRUSTER 2.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		2.00											
TRUSTER 2.00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		2 00	X				-		0.		0.		0.
TRUSTEE		2.00	v						0		Λ		Λ
X		2.00					1		0.		0.		•
TRUSTEE 10			x						0.		0.		0.
Discription Director Direct		2.00					t				-		
Total from continuation sheets to Part VII, Section A	TRUSTEE		х						0.		0.		0.
1b Sub-total		40.00			v				108 781		0	2	3 9/7
c Total from continuation sheets to Part VII, Section A	EXECUTIVE DIRECTOR				Λ				100,701.		0.		J, J L 1 •
c Total from continuation sheets to Part VII, Section A			_										
c Total from continuation sheets to Part VII, Section A													
c Total from continuation sheets to Part VII, Section A)				
c Total from continuation sheets to Part VII, Section A	4.01								100 701		0	2	3 0/17
d Total (add lines 1b and 1c)	c Total from continuation sheets to Part VI	I Section A											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Yes No Yes No									• •			2	
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	2 Total number of individuals (including but n		_	_				no r	eceived more than \$100	0,000 of reportable	е		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE (B) (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization												Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than													v
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than												3	^A
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	•			-					•	-		4	x
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than													
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than												5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	Section B. Independent Contractors												
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than		•	•							•	pens	ation 1	rom
2 Total number of independent contractors (including but not limited to those listed above) who received more than	(A)								(B)				
	Name and business	address	NO	ONI	3				Description of s	services	C	ompe	nsation
		•	ot li	mite	d to		_	stec	d above) who received m	nore than			

Га	rt v	Ш			or note to only liv	as in this Dort VIII			
			Check if Schedule O contains a r	esponse	or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	1b 1c 1d 1e		1,147,302.			
Program Service Revenue	2	b c d	OTHER PROGRAM SERV All other program service revenue		Business Code 9 0 0 0 9 9	4,278.	4,278.		
			Total. Add lines 2a-2f			4,278.			
	3 4 5		Investment income (including divider other similar amounts) Income from investment of tax-exemple Royalties	ds, inter	est, and proceeds	82,110.			82,110.
	6	b c	Gross rents Less: rental expenses Rental income or (loss)	Real	(ii) Personal				
		а	assets other than inventory 18	curities	(ii) Other				
		С	Less: cost or other basis and sales expenses 18 Gain or (loss)			1.			1.
Other Revenue			Gross income from fundraising event including \$ 222,810 . contributions reported on line 1c). Se Part IV, line 18	of e a	92,685.				
₹			Less: direct expenses			27,195.			27,195.
			Net income or (loss) from fundraising Gross income from gaming activities.			27,175			27,175
		b	Part IV, line 19 Less: direct expenses Net income or (loss) from gaming act	a					
	10	а	Gross sales of inventory, less returns and allowances	a					
			Net income or (loss) from sales of inv						
			Miscellaneous Revenue		Business Code				
	11	а							
		b							
		С							
			All other revenue						
		е	Total. Add lines 11a-11d			1 260 006	1 270	0.	100 206
	12		Total revenue. See instructions			1,260,886.	4,278.	U •	109,306.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C) Management and	(D)
7b, 8b, 9b, and 10b of Part VIII.	rotai expenses	Program service expenses	general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	665,157.	665,157.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	115 220	00 724	17 200	17 20
trustees, and key employees	115,320.	80,724.	17,298.	17,29
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	217,756.	192,213.	12,553.	12 00
7 Other salaries and wages	217,730.	194,213.	14,555.	12,990
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	35,926.	28,912.	3,477.	3,53
9 Other employee benefits	24,543.	20,466.	2,019.	2,05
0 Payroll taxes	24,343.	20,400.	2,019.	2,03
1 Fees for services (non-employees):				
a Management				
b Legal	35,956.		35,956.	
c Accounting	33,330.		33,930.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	13,531.	9,357.	3,286.	88
	13,331.	5,557.	3,200.	
2 Advertising and promotion	16,650.	13,913.	1,384.	1,35
3 Office expenses	10,030.	13,313.	1,304.	1,55
4 Information technology				
5 Royalties	46,988.	37,839.	4,530.	4,61
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	23,850.	19,408.	76.	4,36
	23,0301	23 / 2001	700	1,30
8 Payments of travel or entertainment expenses for any federal, state, or local public officials				
9 Conferences, conventions, and meetings	69,736.	66,828.	2,752.	150
	00 7 1 00 0	00,0200		
1 Payments to affiliates				
2 Depreciation, depletion, and amortization				
2 Incurance	4,374.	860.	3,470.	4.
4 Other expenses. Itemize expenses not covered	_,		, =	_
above. (List miscellaneous expenses in line 24e. If line				
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a POSTAGE AND PRINTING	21,362.	16,369.	158.	4,83
b DUES AND FEES	15,961.	4,184.	3,389.	8,38
c MISCELLANEOUS EXPENSE	7,053.	7,053.	•	<u> </u>
d MARKETING	5,204.	350.		4,85
e All other expenses	367.	336.		3:
5 Total functional expenses. Add lines 1 through 24e	1,319,734.	1,163,969.	90,348.	65,41
6 Joint costs. Complete this line only if the organization	-	-	•	· · · · ·
reported in column (B) joint costs from a combined				
reported in column (b) joint costs from a combined 1				
educational campaign and fundraising solicitation.				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,789,069.	2	1,813,098.
	3	Pledges and grants receivable, net			243,000.	3	179,000.
	4	Accounts receivable, net			78,549.	4	76,661.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L		-		5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	1 4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
छ		employees' beneficiary organizations (see instr)		-		6	
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			11,512.	9	7,168.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	53,717.			
	b			12,437.		10c	41,280.
	11	Investments - publicly traded securities			2,294,863.	11	2,329,548.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			4,437,722.	16	4,446,755.
	17	Accounts payable and accrued expenses			57,319.	17	39,542.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and forme	office	rs, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated th	ird parties	16,683.	23	13,624.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			T.4. 000	25	F2 166
	26	Total liabilities. Add lines 17 through 25			74,002.	26	53,166.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ <u>X</u> and			
Ses		complete lines 27 through 29, and lines 33 ar			1 205 077		1 242 000
au	27	Unrestricted net assets			1,285,077.		1,343,998.
Bal	28	Temporarily restricted net assets			3,076,243.	28	3,047,191.
Fund Balances	29				2,400.	29	2,400.
		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖			
S O		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			4,363,720.	32	V 303 E00
_	33	Total net assets or fund balances				33	4,393,589.
	34	Total liabilities and net assets/fund balances			4,437,722.	34	4,446,755.

Form	990 (2018	THE	SHENANDOAH	NATIONAL	PARK	TRUST	20-8	685310	Pag	ge 12
Pai	rt XI Re	conciliation of Ne	et Assets							
	Ch	eck if Schedule O conta	ains a response or note	to any line in this l	Part XI .					
1 2 3 4 5 6 7 8	Total revo Total exp Revenue Net asse Net unrea Donated Investme	enue (must equal Part \ enses (must equal Part \ less expenses. Subtract s or fund balances at be alized gains (losses) on services and use of fac- nt expenses	/III, column (A), line 12) IX, column (A), line 25; ct line 2 from line 1 peginning of year (must investments illties	equal Part X, line 3	33, columi	n (A))	1 2 3 4 5 6 7 8	4,363	7 8,8 8,7	34. 48. 20. 17.
9	Other cha	anges in net assets or f	und balances (explain i	in Schedule O)			9			0.
10 Day	column (l	**				Part X, line 33,	10	4,393	, 5	89.
Fai		nancial Statement		. An american in Alain I	7-4 VII					Х
	Cn	eck if Schedule O conta	ains a response or note	to any line in this i	Part XII .					No
1		ng method used to pre anization changed its n				Other Other Other," explain in Schedule	e O.	-	100	
2a	Were the	organization's financia	statements compiled	or reviewed by an i	ndepende	ent accountant?		2a		X
b	separate	basis, consolidated ba	sis, or both: Consolidated basis	Both consc	lidated ar	r were compiled or reviewe nd separate basis rt?		2b	X	
С	consolida X Se	tted basis, or both: parate basis bline 2a or 2b, does the	Consolidated basis e organization have a c	Both consc	lidated ar umes resp	or were audited on a separary ond separate basis onsibility for oversight of the countant?	ne audit,	2c	x	
						the tax year, explain in Sch				
	As a resu	It of a federal award, wand of a federal award, was one of the control of the con	as the organization req	uired to undergo a	n audit or	audits as set forth in the Si	ngle Audit	3a		х
b		did the organization und explain why in Schedu			-	on did not undergo the requal naudits		3b		

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE SHENANDOAH NATIONAL PARK TRIIST

Employer identification number 20-8685310

Da				NATIONAL FA				0-0003310
Pa	rt I	Reason for Public (onarity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.	
Γhe	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)		
1	Щ	A church, convention of ch	urches, or association	n of churches described	d in sectio	n 170(b)(1	I)(A)(i).	
2	Ш	A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a q	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C		,	•	, ,		
6		A federal, state, or local gov		nental unit described in s	section 17	70(b)(1)(<u>A</u>)	(v)	
	X	An organization that norma	_					I nublic described in
•		section 170(b)(1)(A)(vi). (Co	•	intial part of its support i	ioiii a gov	errinentai	unit of from the general	public described in
				1/A/vi) (Complete Dad	. II \			
8	H	A community trust describe			A			. a a ll a sa
9		An agricultural research org				-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the collec	ge or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment							
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.							
	See section 509(a)(2). (Complete Part III.)							
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting
		organization. You must c		1 11				•
b		Type II. A supporting orga			tion with it	s support	ed organization(s), by ha	avina
		control or management o	•					-
		organization(s). You mus			u p 0.00		manage are ear	5,501.00
_		Type III functionally inte			in connec	tion with	and functionally integrat	ed with
·		its supported organization						ca with,
d		Type III non-functionally		•				ization(s)
u							• • • • • •	* *
		that is not functionally int	-		•		-	liveriess
_		requirement (see instructi	·	-				
е		Check this box if the orga					i Type i, Type ii, Type iii	
		functionally integrated, or	* *	nally integrated support	ing organi	zation.		
Т		er the number of supported of						
<u>g</u>		ride the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		1
F.4.								

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	846,015.	940,707.	1,097,358.	2,314,238.	1,145,976.	6,344,294.
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						
4	Total. Add lines 1 through 3	846,015.	940,707.	1,097,358.	2,314,238.	1,145,976.	6,344,294.
	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)						1,035,279.
6	Public support. Subtract line 5 from line 4.						5,309,015.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	846,015.	940,707.	1,097,358.	2,314,238.	1,145,976.	6,344,294.
	Gross income from interest,	-			· , ,	. ,	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	41,476.	43,828.	46,772.	57,099.	82,110.	271,285.
9	Net income from unrelated business	-			· · · · · · · · · · · · · · · · · · ·	-	<u> </u>
	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.)			1,756.	7,213.	4,278.	13,247.
11	Total support. Add lines 7 through 10						6,628,826.
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (line 6, column (f) d	vided by line 11, c	olumn (f))		14	80.09 %
15	Public support percentage from 2017	' Schedule A, Part	II, line 14			15	78.99 %
16a	33 1/3% support test - 2018. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization		>
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	anization	>
18	Private foundation. If the organization						
						dula A /Earm 000	

Schedule A (Form 990 or 990-EZ) 2018

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	now, please con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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						
2	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	in and a small and a still at 540						
1	Tax revenues levied for the organ-						
4	· I						
	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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						•
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in 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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	's first second thi	rd fourth or fifth t	av vear as a sect		zation
••		ū			-		· •
Sec	etion C. Computation of Public						
	Public support percentage for 2018 (lin			column (f))		15	9/
	Public support percentage from 2017					16	9/
	etion D. Computation of Inves			<u> </u>		1101	/
	Investment income percentage for 20		<u>~</u> _			17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2018. If the						
198							17 IS HOL
	more than 33 1/3%, check this box an						
t	33 1/3% support tests - 2017. If the c	· ·			*	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	i did not check a	a box on line 14, 19	a. or 19b. check t	nıs box and see i	nstructions	▶∟

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
ъa		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
ЭIJ		
9с		
10a		
46.		
10b		

00110	dada / (igo o
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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or 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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Vaa	N ₂
4	Did the exemination provide to each of its supported exeminations by the last day of the fifth month of the		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			
2	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 in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3h	1 '	i

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust c	on Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must com	plete	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	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally i	integr	ated Type III supporting org	janization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS 2016 AMOUNT: \$ 1,756.	
2017 AMOUNT: \$ 7,213.	
2018 AMOUNT: \$ 4,278.	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization Employer identification number

THE SHENANDOAH NATIONAL PARK TRUST 20-8685310

Organization type (check one):

Filers of		Section:		
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 990)-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
Check if	vour organization is	s covered by the General Rule or a Special Rule .		
		7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General	Rule			
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special l	Rules			
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.		
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),		
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \$		
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

THE SHENANDOAH NATIONAL PARK TRUST

20-8685310

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>45,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 47,492.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for

Name of organization Employer identification number

THE SHENANDOAH NATIONAL PARK TRUST

20-8685310

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 23,220.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 25,000.	Person X Payroll
(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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

THE SHENANDOAH NATIONAL PARK TRUST

20-8685310

Part II	Noncash Property (see instructions). Use duplicate copies of Part II 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
		\$	

Employer identification number

Name of organization

20-8685310 THE SHENANDOAH NATIONAL PARK TRUST Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE SHENANDOAH NATIONAL PARK TRUST

Employer identification number 20-8685310

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring
Pai	·		t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired		1 1
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the of	rganization during the tax
4	year ▶ Number of states where property subject to conservation ea	promont is located	
4 5			
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		
Ū	b	, mandaling of violations, and emoreting conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
-	> \$		caccinonic caning and year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 1		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

	(NANDOAH NA						20-86			age 2
Pai	t III Organizations Maintaining C										
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following tha	at are a s	ignificant	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	C			hange progra						
b	Scholarly research	е	• 🗀 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's control of the organization of the organiz							ose in Par	t XIII.		
5	During the year, did the organization solicit of								7	_	٦
Da	to be sold to raise funds rather than to be m								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" or	1 Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa		-l: 				. See a level e al				
та	Is the organization an agent, trustee, custod								7 v		٦.,,
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing to	able:					A		
	Device in a below-						4-		Amount		
	Beginning balance										
	Additions during the year										
•	Distributions during the year										
22	Ending balance								Yes	\neg	No
	If "Yes," explain the arrangement in Part XIII.										֓֞֝֟֜֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֓֓֓֓֡֓֓֡֓֡֓
Pai											
		(a) Current year		ior year	(c) Two yea			ears back	(e) Four	vears	hack
1a	Beginning of year balance	(a) carrone year	(5)11	ior your	(6) 1115 354	TO BUOK	(4) 111100)	ouro buon	(C) i cui	youro	Buon
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses			7							
g	End of year balance										
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%	,	"						
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	 %									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	and administe	ered for t	he organiz	zation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on So	chedule R?) 				3b		
4	Describe in Part XIII the intended uses of the		owment f	unds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990	0, Part X	, line 10.				
	Description of property	(a) Cost or o		` '	t or other		ccumulate	ed	(d) Bool	k value	Э
		basis (investr	ment)		(other)	de	preciation				- -
	Land			2	26,078.				2	6,0	78.
	Buildings										
	Leasehold improvements						10 1				
d	Equipment			2	27,639.		12,4	37.	1.	5,2	02.
	Other										~~
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	10c.)				4	1,2	80.

Schedule D (Form 990) 2018

Schedule D (Form 980) 2018	Schedule D (Form 990) 2018 THE SHENAND	ОАН МАТТОМ	AI. PARK TRI	TST	20-8685310 _{Page}
(a) Bestription of security or Category (including name of security) (b) Book vallue (c) Method of valuation: Cost or end of year market value (d) Closely-hold equity interests (d) Other (A) (B) (C) (C) (D) (E) (F) (G) (G) (H) Total. (Col. (b) Imust equal form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal form 990, Part X, col. (B) line 13.) ▶ Part XII (b) Book value (c) Method of valuation: Cost or end of year market value (d) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (f) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h		01111 14111 1 014	2111 1711111 1110	<u>, , , , , , , , , , , , , , , , , , , </u>	20 0003310 Fage
(a) Bestription of security or Category (including name of security) (b) Book vallue (c) Method of valuation: Cost or end of year market value (d) Closely-hold equity interests (d) Other (A) (B) (C) (C) (D) (E) (F) (G) (G) (H) Total. (Col. (b) Imust equal form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal form 990, Part X, col. (B) line 13.) ▶ Part XII (b) Book value (c) Method of valuation: Cost or end of year market value (d) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (f) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	Complete if the organization answered "Yes"	on Form 990, Part I\	/, line 11b. See Form	990, Part X, line 12.	
(2) Closely-held equity interests (A) Other (A) (B) (C) (C) (D) (E) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					end-of-year market value
(2) Closely-held equity interests (A) Other (A) (B) (C) (C) (D) (E) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(1) Financial derivatives				
(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part XI Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) 4. (e) 6. (f) 77 (g) 8 (g) 9 Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Total. (Col. (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part XI Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Head of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: C					
(B) (C) (D) (E) (F) (G) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(C) (D) (E) (F) (G) (G) (H) Total. (Colum (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.					
D (E) (F) (S) (S) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶					
F (3 (3 (4 (3) (3) (4 (3) (3) (4 (3) (3) (4 (3) (3) (4 (3) (3) (4 (3) (3) (4 (3) (3) (4 (3) (3) (4 (3) (3) (3) (4 (3) (3) (3) (4 (3) (4 (3					
F (3 (3 (4 (3) (3) (4 (3) (3) (4 (3) (3) (4 (3) (3) (4 (3) (3) (4 (3) (3) (4 (3) (3) (4 (3) (3) (4 (3) (3) (3) (4 (3) (3) (3) (4 (3) (4 (3	(E)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (6) (6) (7) (7) (7) (8) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (8) (9) (1) (1) (2) (3) (4) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1)	(G)				
Part VIII Investments - Program Related.	(H)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (3) (4) (5) (6) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book value (d) (d) Book va	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (m) In ust equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) Book value (2) (1) Federal income taxes (2)	Part VIII Investments - Program Related.				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	Complete if the organization answered "Yes"	on Form 990, Part I\	/, line 11c. See Form	990, Part X, line 13.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(a) Description of investment	(b) Book value	(c) Method	d of valuation: Cost or	end-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. ((col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(2)				
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(3)				
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(4)				
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(5)				
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(6)	4			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(7)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(8)				
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)					
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	Part IX Other Assets.				
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	Complete if the organization answered "Yes"	on Form 990, Part I\	/, line 11d. See Form	990, Part X, line 15.	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(a)	Description			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(2)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(3)				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(4)				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(5)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(6)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(8)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)	(9)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2)		ə 15.)			>
1. (a) Description of liability (b) Book value (1) Federal income taxes (2)		on Form 990. Part IV	/. line 11e or 11f. See	e Form 990. Part X line	e 25.
(1) Federal income taxes (2)	(a) Description of liability				
(2)			. ,		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

(4) (5) (6) (7) (8)

Julicadic D	(1 01111 330) 2010						
Part XI	Reconciliation of	f Revenue pe	r Audited F	inancial Stat	ements W	ith Revenue p	er Return.

Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements With	Revenue per Ro	eturr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,234,170.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	88,717.		
b	Donated services and use of facilities	2b	35,040.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	123,757.
3	Subtract line 2e from line 1			3	1,110,413.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	150,473.		
С	Add lines 4a and 4b			4c	150,473.
5		2.)		5	1,260,886.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total expenses and losses per audited financial statements			1	1,204,301.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	41			
а	Donated services and use of facilities	2a	35,040.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	35,040.
3	Subtract line 2e from line 1			3	1,169,261.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	150,473.		
С	Add lines 4a and 4b			4c	150,473.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE TRUST HAS REVIEWED AND EVALUATED THE RELEVANT TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH GUIDANCE ESTABLISHED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS OF THE TRUST.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NETTED AGAINST REVENUES ON FINANCIALS

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

150,473.

1,319,734.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES NETTED AGAINST REVENUES ON FINANCIALS

150,473.

Schedule D (Form 990) 2018

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

THE SHE	NANDOAH NATIONAL P	ARK	TR	UST	20-8685	310
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p	ion of ion of fundra (includerofess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
「otal			•			
3 List all states in which the organization or licensing.				s or has been notified	d it is exempt from re	egistration
						_

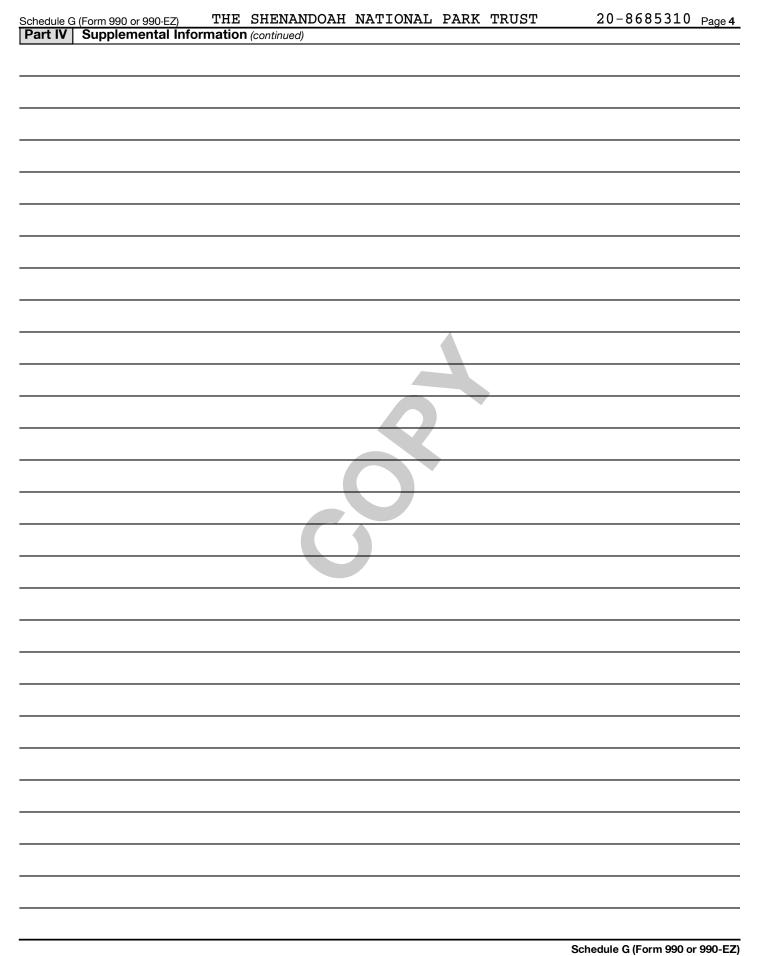
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2018

	nedule G (Form 990 or 990-EZ) 2018 THE SHE				8685310 Page 2
Pa	Fundraising Events. Complete if the of fundraising event contributions and gro				
a		(a) Event #1 SNPT/PEC/SCB	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	280,190.	35,305.		315,495.
	2 Less: Contributions	222,810.			222,810.
	3 Gross income (line 1 minus line 2)	57,380.	35,305.		92,685.
	4 Cash prizes				
S	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
Jirect E	7 Food and beverages	23,187.			23,187.
	8 Entertainment 9 Other direct expenses	1,116. 19,498.	20,040.		21,156. 21,147.
	 10 Direct expense summary. Add lines 4 through 11 Net income summary. Subtract line 10 from line 	9 in column (d)	_,,	_	65,490.
Pa	art III Gaming. Complete if the organization a				2,72330
	\$15,000 on Form 990-EZ, line 6a.				1
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes% No	Yes% No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	Enter the state(s) in which the organization conduct a ls the organization licensed to conduct gaming aconduct gaming acond	_	states?		Yes No
	Were any of the organization's gaming licenses rev	voked, suspended, or te	erminated during the tax	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2018

Sch	nedule G (Form 990 or 990-EZ) 2018 THE SHENANDOAH NATIONAL PARK TRUST 20 - 8	3685310	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		-
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\tag{\text{\$\left}}\$		
(If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
	/ Iduliose P		
16	Gaming manager information:		
	Samming manager anomalies.		
	Name		
	Gaming manager compensation > \$		
	daming manager compensation • •		
	Description of services provided		
	Beschiption of services provided P		
	Director/officer Employee Independent contractor		
	Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
•		Yes	□ No
L	retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	163	NO
Da	organization's own exempt activities during the tax year ► \$ Interview Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III. linns O	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III les 5,	30, 100,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE SHENANDOAH NATIONAL PARK TRUST 20-8685310 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) CONSERVATION LEGACY FUNDING FOR PARK 701 CAMINO DEL RIO, SUITE 101 106,300 DURANGO, CO 81301 84-1450808 501(C)(3) PROJECTS. 0 PIEDMONT ENVIRONMENTAL COUNCIL CO-SPONSOR FOR FUNDRAISER 45 HORNER STREET PASSTHROUGH OF ITS 30 979 PORTION OF NET INCOME. WARRENTON, VA 20186 54-0935569 501(C)(3) CO-SPONSOR FOR FUNDRAISER SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE - 1500 REMOUNT ROAD -PASSTHROUGH OF ITS FRONT ROYAL, VA 22630 20-8685310 501(C)(3) 68,678 0 PORTION OF NET INCOME. SHENANDOAH NATTONAL PARK 3655 HIGHWAY 211 EAST FUNDING FOR PARK NA-GOVERNMENT AGENCY 330 528 PROJECTS. LURAY VA 22835 53-0197094 SHENANDOAH NATIONAL PARK ASSOCIATION - 3655 HIGHWAY 211 FUNDING FOR PARK EAST - LURAY, VA 22835 54-0952015 PROJECTS. 501(C)(3) 6 227 0 TREASURER OF VIRGINIA TECH 300 TURNER STREET NW, SUITE 4200 FUNDING FOR PARK BLACKSBURG, VA 24061 54-6001805 NA-STATE UNIVERSITY 11 244. 0 PROJECTS. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2018)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			X		
		5			
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
SCHEDULE I, PART I, LINE 2: SHENZ	ANDOAH NA	TIONAL PAR	RK TRUST AW	ARDS GRANTS	
TO FUND PROJECTS AND PROGRAMS BENI	EFITTING	SHENANDOAH	NATIONAL	PARK.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE SHENANDOAH NATIONAL PARK TRUST **Employer identification number** 20-8685310

Pai	rt I Types of Property							
		(a)	(b)	(c)		(d)		
		Check if	Number of contributions or	Noncash contribution amounts reported on		od of determin		
		applicable	items contributed	Form 990, Part VIII, line 1g	noncasn	contribution ar	nount	S
1	Art - Works of art	X	1		DONOR R	EPORTED	VA:	LUE
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		1,248.	DONOR R	EPORTED	VA:	LUE
6	Cars and other vehicles			, -				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	7	18,449.	FAIR MA	RKET VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous		,					
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (SERVICES TO B)	X	10	5,505.	DONOR R	EPORTED	VA:	LUE
26	Other • ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organize		•					
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date		•	·				77
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				37
_	contributions?					32a		Х
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

832142 10-18-18 Schedule M (Form 990) 2018

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

THE SHENANDOAH NATIONAL PARK TRUST

Employer identification number 20-8685310

THE SHEMANDOAN MATIONAL PARK TROST 20-0005510
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SHENANDOAH NATIONAL PARK TRUST SUPPORTS THE SHENANDOAH NATIONAL PARK
THROUGH ADVOCACY AND BY RAISING FUNDS THAT PROTECT SHENANDOAH'S
MAGNIFICENT NATURAL AND HISTORIC RESOURCES.
FORM 990, PART VI, SECTION B, LINE 11B:
RETURN WILL BE AVAILABLE FOR ALL BOARD MEMEBERS TO REVIEW AND SUBMIT
CONCERNS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE EXECUTIVE DIRECTOR MONITORS FOR POTENTIAL CONFLICTS OF INTEREST, AND
THE POLICY IS CURRENTLY ISSUED TO TRUSTEES FOR RENEWALS ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION C, LINE 18:
THE TRUST'S FORM 990 AND FORM 1023 ARE AVAILABLE TO THE PUBLIC UPON
REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
TRUST GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE
PUBLIC UPON REQUEST AT THE DISCRETION OF THE ORGANIZATION.
FORM 990, PART XII, LINE 2C:
PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) (2018)