## \*\* PUBLIC DISCLOSURE COPY \*\*

(Rev. January 2020) Department of the Treasury Internal Revenue Service 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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u> F	or the	= 2019 calendar year, or tax year beginning $$ OCT $$ 1 , $$ $$ 2 $$ 0 $$ 1 $$ and e	nding $S$	EP 30, 2020	
	Check if pplicabl	C Name of organization		D Employer identific	cation number
Г	Addre	THE SHENANDOAH NATIONAL PARK TRUST			
	Name chang			20-86853	10
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return	1750 ALLIED STREET C	!	434-293-	2728
	termin ated	<b>3</b>		G Gross receipts \$	1,275,769.
	Amen	CHARLOTTESVILLE, VA 22905		H(a) Is this a group re	
	Application pendir	F Name and address of principal officer: HENKI CONNORS		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) or	527	1	list. (see instructions)
		te: > WWW · SNPTRUST · ORG  organization: X Corporation Trust Association Other >	1	H(c) Group exemptio	
	orm of	organization: X Corporation Trust Association Other ►  Summary	L Year	of formation: 2007  N	M State of legal domicile; VA
	_	Briefly describe the organization's mission or most significant activities: SEE S	CHEDII	LE O	
ç	'	Briefly describe the organization's mission of most significant activities.	СППВО.		
Governance	2	Check this box  if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets
Veri	l	· · · · · · · · · · · · · · · · ·		3	18
ဗိ	I .	Number of independent voting members of the governing body (Part VI, line 1b)			18
ა ა		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			7
iŧie		Total number of volunteers (estimate if necessary)			66
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_⋖		Net unrelated business taxable income from Form 990-T, line 39			0.
			<u> </u>	Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		1,147,302.	1,151,037.
Revenue	9	Program service revenue (Part VIII, line 2g)		4,278.	10,204.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		82,111.	58,793.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		27,195.	18,840.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,260,886.	1,238,874.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		665,157.	569,488.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		393,545.	404,968.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)   67,10		261 022	207 040
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		261,032.	207,849.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,319,734. -58,848.	1,182,305. 56,569.
	19	Revenue less expenses. Subtract line 18 from line 12			
ts o	200	Total assets (Part X, line 16)	Ве	ginning of Current Year 4,446,755.	End of Year 4,721,191.
Asse	20 21	Total liabilities (Part X, line 16)		53,166.	45,749.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		4,393,589.	4,675,442.
Pa	art II	Signature Block		1,000,000	1,0,3,112.
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	/ knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whic		•	,
Sig	n	Signature of officer		Date	
Her		HENRY CONNORS, TREASURER			
		Type or print name and title			
	<u> </u>	Print/Type preparer's name Preparer's signature		Date Check Check	PTIN
Paid	I	EDWARD J. SCHMITZ		self-employ	
-	arer	Firm's name HANTZMON WIEBEL LLP, CPA'S		Firm's EIN ▶	54-0618213
Use	Only	Firm's address 818 E. JEFFERSON ST., PO BOX 1408	3		041005 55=5
		CHARLOTTESVILLE, VA 22902		Phone no. (4	34)296-2156
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE SHENANDOAH NATIONAL PARK TRUST IS THE OFFICIAL PHILANTHROPIC
	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
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the 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.
4a	(Code:) (Expenses \$ 890,982. including grants of \$ 506,116.) (Revenue \$ 2,282.)
	AS AN OFFICIAL PHILANTHROPIC 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.
46	(Code: ) (Expenses \$ 118,120. including grants of \$ 63,371.) (Revenue \$ 7,922.)
4b	(Code:) (Expenses \$ 118,120 · including grants of \$ 63,371 · ) (Revenue \$ 7,922 · )  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 \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 1,009,102.
	Form <b>990</b> (2019)

# Form 990 (2019) THE SHENANDOAH NATIONAL PARK TRUST 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	Х	
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			
	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		_X_
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		<u>X</u>
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		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		<u>X</u>
20a	The state of the s	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		τ,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Form 990 (2019) THE SHENANDOAH NAT
Part IV Checklist of Required Schedules (continued)

22 X  23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (X), line 27 (**reg.* complete Schedule* I. Parts I and III — Parts I (**reg.* complete Schedule* I. Parts I and III — Parts I (**reg.* complete Schedule* I. Parts I and III — Parts I (**reg.* complete Schedule* I. Parts I and III — Parts I (**reg.* complete Schedule* I. Parts I III — Parts I (**reg.* complete Schedule* I. Parts I III — Parts I (**reg.* complete Schedule* I. Parts I III — Parts II		, ,		Yes	No
23 Dit the organization asswer "Yes" to Part VII, Section A, Ind. 3, 4 or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I.  24 Jan 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 240 through 244 and complete Schedule K. If "No," yo to line 25a.  25 Did the organization mire than 1900 on the 25a organization mire than 1900 on the 25a organization and the property of the organization mire than 1900 on the 25a organization and the property of the organization and the the transaction has not been reported on any of the organizations property of the organization and the transaction has not been reported on any of the organization property of the organization provide a grant or other assistance to any current or former office, director, histole, key employee, creator or founder, substantial contributors or employee thereof, a grant and section of the organization provide a grant or other assistance to any current or founder, or substantial contributor? If "Yes," complete Schedule I. Part III I.  27 Was the organization and provide a part or other assistance to any current or founder, or substantial contributor? If "Yes," complete Schedule I. Part III I.  28 Did the organization organization organization organization organizatio	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes, "compete Schedule I, Part IV sea, "compete Schedule I, Part IV in the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the issist day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II, If IV is a possible of the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  24d		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / Part I was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25a and the search of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K, If "No," go to line 25a and proceeds of tax-exempt bends beyond a temporary period exception?	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a 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.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
sate 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  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defeate any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 50(16), 501(e)4, and 501(e)29 organizations. Did the organization engage in an excess penefit transaction with a disqualified person during the year?  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person has not been reported on any of the organization's prior Forms 990 or 990-E27. If "Nes," complete Schedule L, Part I  25b X  26b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  27c Did the organization provide a grant or other assistance to any current or forms officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV  a trunction, for applicable filing thresholds, conditions, and exceptions;  a A current or former officer, director, trustee, key employee, creator or fluinder, or substantial contributor? If "Yes," complete Schedule L, Part IV  b A family member of any individual described in the following parties (see Schedule L, Part IV  c A 39% controlled entity of one or more individual and correction of the following parties (see Schedule L, Part IV  27d Did the organization receive contributions of art, historical treasures, or			23		<u> </u>
Schedule K. If "No." go to fine 25a   b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualided person churgh the year? If Yes, "complete Schedule I, Part I  b Is the organization avave that it engaged in an excess benefit transaction with a disqualided person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990 E2? Hes; "complete Schedule I, Part I  25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity for family member of any of these persons? If Yes, "complete Schedule I, Part II  27d Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former, or substantial contributor? If Yes, "complete Schedule I, Part IV instructions, for a specific properties Schedule I, Part IV instructions, for a policial simple thresholds, conditions, and exceptions; anot exception and the substantial contributors of If Yes, "complet	24a				
b Did the organization invest any proceeds of tax exempt bends beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeate any tax exempt bonds?  d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?  24c  24d  25a Section 50(15), 501(64) and 501(6)(29) organizations. Did the organization engage in an excess sentell transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is 18th organization avaired that the graged in an excess benefit transaction with a disqualified person has not been reported on any of the organization's prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part I is 18th organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, hustee, key employee, creator or former officer, director, hustee, key employee, creator or former officer, director, hustee, key employee, creator or former officer, director, fursitee, key employee, creator		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization and as an 'on behalf of' issuer for bonds outstanding at any time during the year?  24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess binefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, 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 short Forms 900 or 990-627 (If "Yes," complete Schedule I, Part I 25b I/ 25		, •			
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   25a 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 I., Part I   25a   X    25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25a   X   25			246		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  258 Section 501(KS), 501(Ky), 40, 6010(Ky), 40, 6010(Ky) 20 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I    258 Section 501(Ky), 401(Ky), 4015(Ky), 4010(Ky), 4010(Ky)	C		240		
25a 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 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 prior Forms 990 or 990-22? If 'Yes,' complete Schedule L, Part I is the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or forlined, related in contribution or 33% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part Ii is described in the part of the organization and provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contribution or employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part IV is a structions, for applicable filing thresholds, conditions, and exceptions);  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV is a A 35% controlled entity of one or more individuals and/or organization and secretion in line 28a? If 'Yes,' complete Schedule L, Part IV is 28a	ч	Did the organization act as an "on hehalf of" issuer for honds outstanding at any time during the year?			_
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 sport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 256					
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? # Yes,* complete Schedule I, Part II			25a		х
that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E2? # Yes," complete  Schedule L, Part I   25b	b				
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II 26 X X 2 27 Did the organization provide a grant or other assistance to any current or former officer, director, rustee, key employee, creator or founder, substantial contributor or employee thereof or family member of any of these persons? If "Yes," complete Schedule I, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part III 27 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV 28 X 28 X C A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule I, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II, Part IV 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II, Part II 31 X 32 Did the organization or vide to any tax-exempt or tax-bell entity? If "Yes," complete Schedule II, Part II, III, or IV, and Part V, Iiine 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule II, Part V, Iine 2 35 Did the organization orbid to any t					
or former officer, director, trustee, key employee, creator or founder, substantial contribution; or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		Schedule L, Part I	25b		X
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III    26	26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
27 Did the organization provide a grant or other assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled entity (including an employee) we thereol or annot provide a grant selection committee member, or to a 35% controlled entity (including an employee) we thereol or annot provide a grant selection committee member, or to a 35% controlled entity (including an employee) whereol or annot provide provide schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 28b X C A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV 28b X C A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 'Yes,' complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M, Part I 31 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-37 If 'Yes,' complete Schedule R, Part I, III, or IV, and Part V, Iine 1 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, Iine 1 32 Did the organization have a controlled entity within the meaning of section 51		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? " "Yes," complete Schedule L, Part II "  1			26		<u> X</u>
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X C A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28b X C A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 29b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30b Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 20b Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 20b Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 30b 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 II, III, or IV, and Part V, IIne 1 34 X 35a Did the organization related to any taxexempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, IIne 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, IIne 2 35a X 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, IIne 2 35b Section 501(c)(3) organizations. Did the organizatio	27				
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instructions, for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #  "Yes, "complete Schedule L. Part IV  28a X  b A family member of any individual described in line 28a? #"Yes," complete Schedule L, Part IV  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? #  "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? #"Yes," complete Schedule M  29 X  29 Did the organization receive more than \$25,000 in non-cash contributions? #"Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? #"Yes," complete Schedule M  30 X  31 Did the organization iliquidate, terminate, or dissolve and cease operations? #"Yes," complete Schedule N, Part II  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? #"Yes," complete Schedule N, Part II  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? #"Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization related to any tax-exempt or taxable entity? #"Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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)?  b if "Yes," complete Schedule R, Part V, Iine 2  36 Section 501c(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  35b Section 501c(3) organizations. Did the organization mean show of its activities through an entity that is not a rela	20		21		A
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Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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 X.  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 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 32 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.  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X.  35 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 If "Yes," complete Schedule R, Part V, line 2 35b If "Yes," complete Schedule R, Part V, line 2 35b If the organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X.  37 Did the organization conduct more than 5% of its activities through an entity that is not a related 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? Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to com					
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  10 The Inter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  10 The Inter VI  11 The Inter VI  12 The Inter VI  13 The Inter VI  14 The Inter VI  15 The Inter VI  16 The Inter VI  17 The Inter VI  18 The Inter VI  19 The Inter VI  10 The Inter VI  10 The Inter VI  10 The Inter VI  10 The Inter VI  11 The Inter VI  12 The Inter VI  13 The Inter VI  14 The Inter VI  15 The Inter VI  16 The Inter VI  17 The Inter VI  18 The Inter VI  18 The Inter VI  19 The Inter VI  10 The Inter VI  11 The Inter VI  12 The Inter VI  13 The Inter VI  14 The Inter VI  15 The Inter VI  16 The Inter VI  17 The Inter VI  18 The Inter VI  18 The Inter VI  19 The Inter VI  10 The Inter VI  10 The Inter VI  10 The Inter VI  10 The Inter VI  11 The Inter VI  12 The Inter VI  13 The Inter VI  14 The Inter VI  15 The Inter VI  16 The Inter VI  17 The Inter VI  18 The Inter VI  18 The Inter VI  19 The Inter VI  10 The Inter VI  10 The Inter VI  10 The Inter VI  10 The Inter VI  11 The Inter VI  11 The Inter VI  12 The Inter VI  13 The Inter VI  14 The Inter VI  15 The Inter VI  16 The Inter VI  17 The Inter VI  18 The Inter VI  18 The Inter VI  18 The Inter VI  19 The Inter VI  19 The Inter VI  10 The Inter VI  11 The Inter VI  11 The	07		36		
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance  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 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	37	· · · · · · · · · · · · · · · · · · ·	27		v
Note: All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  38 X  Yes No	38		3/		
Check if Schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a response or note to any line in this Part V  The schedule O contains a respect to any line in this Part V  The schedule O contains a respect to any line in this Part V	50		38	х	
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 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c	Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable     1a     11       b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable     1b     0       c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?     1c					
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?  1c				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  1c					
(gambling) winnings to prize winners?		Enter the Hamber of Fermi W La meladed in the fat. Enter of in fet applicable			
	С				
	02200			990	(2010)

# Form 990 (2019) THE SHENANDOAH NATIONAL PARK TRUST Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	<b>Note:</b> 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			
b	· · · · · · · · · · · · · · · · · · ·			
_		$\dashv$		
C 1/10		1/12		х
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
13	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	10		
	ii 100, complete i citi ti 20, comedule c.	Forr	990	(2010)

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 on 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 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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, 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This dection b requests information about policies not required by the internal revenue dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 1 0.		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
·	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
	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		
Sec	tion C. Disclosure	100		
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	hle
.5	for public inspection. Indicate how you made these available. Check all that apply.	, or ity)	avana	DIC
10	Own website Another's website Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	nial .	
19		miani	nai	
20	statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ORGANIZATION'S ACCOUNTANT - 434-823-1882			
	5623 SUGAR RIDGE ROAD, CROZET, VA 22932			
	JOHO DOUM KIDOH KOMP, OKOHHI, VR. 44774			

# 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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SUSAN SHERMAN	40.00			7.7				112 200	0	10 041
EXECUTIVE DIRECTOR (2) GREG YATES	4.00			Х				112,200.	0.	18,041.
CHAIRMAN	4.00	х		х				0.	0.	0.
(3) EDWARD FUHR	3.00	Δ		Δ	7			0.	0.	<u> </u>
VICE CHAIRMAN	3.00	х		Х				0.	0.	0.
(4) WENDY FEWSTER	3.00	21	-	Δ				0.	0.	<u>_                               </u>
TREASURER	3.00	x		х				0.	0.	0.
(5) WILLIAM SCHRADER	2.00	23						•	•	•
SECRETARY		x		x	7			0.	0.	0.
(6) PHEBE CAMBATA	2.00								•	
TRUSTEE		х						0.	0.	0.
(7) DOROTHY CANTER	2.00							-	-	-
TRUSTEE		$\mathbf{x}$						0.	0.	0.
(8) CARL CARTER	2.00	7								
TRUSTEE		Х						0.	0.	0.
(9) HENRY CONNORS	2.00									
TRUSTEE		Х						0.	0.	0.
(10) ALISON DETUNCQ	2.00									
TRUSTEE		Х						0.	0.	0.
(11) JANET EDEN	2.00									
TRUSTEE		Х						0.	0.	0.
(12) DON BAUER	2.00									
TRUSTEE		Х						0.	0.	0.
(13) JUSTIN STANTON	2.00									
TRUSTEE		Х						0.	0.	0.
(14) WALTER HEEB	2.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(15) DAVID LONDON	2.00	_						_		_
TRUSTEE		Х				_		0.	0.	0.
(16) PATRICE NEESE	2.00	_								_
TRUSTEE		Х						0.	0.	0.
(17) PATTI MCGILL PETERSON	2.00	,								•
TRUSTEE		Х						0.	0.	0.

(A) Name and title	(B) Average hours per week	rage Position (do not check more than one box, unless person is both an						(D)  Reportable compensation from	(E) Reportable compensation from related	1	(F) stimate mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensa rom th ganizat id relat anizati	ie tion ted
(18) TAYLOR ODOM TRUSTEE	2.00	Х						0.	0.			0.
(19) CHERI WOODARD	2.00	Δ						0.	0.			<u> </u>
TRUSTEE		Х						0.	0.			0.
										<u> </u>		
1b Subtotal c Total from continuation sheets to Part VI								112,200.	0.	1	8,0	<u>41.</u> 0.
d Total (add lines 1b and 1c)			-					112,200.	0.	1	8,0	
<ul> <li>Total number of individuals (including but no compensation from the organization</li> </ul>	ot limited to the	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			1
			T	$\overline{\nabla}$	7						Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si				_						3		х
4 For any individual listed on line 1a, is the su												
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>										4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com		~								5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest countries the organization. Report compensation for the organization.										ation fr	om	
(A) Name and business								(B)			C)	
Name and business	address	NC	ONE	<u>.                                    </u>				Description of s	services	Jompe	ensatio	)T1
Total number of independent contractors (in \$100,000 of compensation from the organization)	•	ot lin	nited	to t	thos (	_	ted	above) who received m	ore than			
										Form	990	2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Dart \/III			
		Check if Schedule O contains a response o	i flote to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ıts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Membership dues1b					
e, e	(	Fundraising events 1c	22,389.				
ifts		Related organizations 1d					
nis nis		e Government grants (contributions)  1e	73,738.				
Sir	ì	All other contributions, gifts, grants, and	,				
uti Je			054,910.				
ē			17,621.	-			
ont	9	Noncash contributions included in lines 1a-1f		1 151 027	4		
O B		Total. Add lines 1a-1f		1,151,037.			
			Business Code	12 22			
e	2 8	OTHER PROGRAM SERV. RE	900099	10,204.	10,204.		
e Ķ	ŀ	)					
Se	(	:					
an eve		1					
ge							
Program Service Revenue	1	All other program service revenue					
		Total. Add lines 2a-2f	<u> </u>	10,204.			
				10,201.			
	3	Investment income (including dividends, interes		58,779.			E0 770
		other similar amounts)		30,113.			58,779.
	4	Income from investment of tax-exempt bond pro	· ·				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	ŀ	Less: rental expenses 6b					
	(	Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 11,313.					
		Less: cost or other basis	. 7				
•	'						
Revenue				-			
эvе		. ,	_	1.4			1.4
Ŗ		Net gain or (loss)	<b>&gt;</b>	14.			14.
her	8 8	Gross income from fundraising events (not					
₹		including \$ 22,389. of					
		contributions reported on line 1c). See					
		Part IV, line 18	44,436.				
	ı	Less: direct expenses	25,596.				
		Net income or (loss) from fundraising events		18,840.			18,840.
		Gross income from gaming activities. See		, , , , ,			, ,
	•	Part IV, line 19 9a					
				-			
		Net income or (loss) from gaming activities	·····				
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ŀ	Less: cost of goods sold 10b					
	(	Net income or (loss) from sales of inventory	<b>)</b>				
			<b>Business Code</b>				
snc	11 a	1					
nec	ŀ						
Miscellaneous Revenue							
Sce	,	All other revenue					
Ē	,						
		Total. Add lines 11a-11d		1 220 074	10 204	^	77 622
	12	Total revenue. See instructions	<b></b>	1,238,874.	10,204.	0.	77,633.

#### 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) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 569,488. 569,488. and domestic governments. See Part IV, line 21 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 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 115,711. 28,928. 75,212. 11,571. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 231,602. 200,801. 7,873. 22,928. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 31,932. 25,381. 2,928. 3,623. Other employee benefits 9 20,996. 25,723. 2,113. 2,614. 10 Payroll taxes 11 Fees for services (nonemployees): Management 2,525 2,525. Legal 45,780. 3,224. 42,556. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 14,429. 11,190. 2,941. 298. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13,851. 11,582. 1,103. 1,166. Office expenses 13 Information technology ..... 14 15 Royalties 42,965. 34,018. 3,999. 4,948. 16 Occupancy 10,583. 8.414. 2,092. 77. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 894. 16,304. 15,024. 386. Conferences, conventions, and meetings 19 20 Payments to affiliates ..... 21 Depreciation, depletion, and amortization 22 5,142. 1,127. 3,923. 92. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 18,418. 7,075. 11,246. 97. POSTAGE AND PRINTING 17,418.DUES AND FEES 3,467. 6.142. 7,809. 11,955. 10,799. 1,156. WEBSITE EXPENSE 6,322. d MISCELLANEOUS EXPENSE 6,322. 2.157. 811. 1,346. e All other expenses 1,182,305. 1,009,102. 106,099. 67,104. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	e to an	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			1,813,098.	2	2,090,627
	3	Pledges and grants receivable, net	179,000.	3	156,000		
	4	Accounts receivable, net	76,661.	4	77,527		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	ontributor, or 35%				
		controlled entity or family member of any of thes	ons		5		
	6	Loans and other receivables from other disqualif	sons (as defined				
		under section 4958(f)(1)), and persons described	in sec	ion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	<u> </u>
Ä	9	B			7,168.	9	8,872
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	27,639.			
	b	Less: accumulated depreciation		17,965.	41,280.	10c	9,674 2,378,491
	11	Investments - publicly traded securities			2,329,548.	11	2,378,491
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			4,446,755.	16	4,721,191
	17	Accounts payable and accrued expenses			39,542.	17	35,289
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
ç	22	Loans and other payables to any current or form	er offic	er, director,			
≝		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e pers	ns		22	
=	23	Secured mortgages and notes payable to unrela	ted thi	d parties	13,624.	23	10,460
	24	Unsecured notes and loans payable to unrelated	third	arties		24	
	25	Other liabilities (including federal income tax, pay	/ables	o related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D	,			25	
	26	Total liabilities. Add lines 17 through 25			53,166.	26	45,749
		Organizations that follow FASB ASC 958, che	ck her	• ► X			
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			1,343,998.	27	1,574,849
Ва	28	Net assets with donor restrictions			3,049,591.	28	3,100,593
п		Organizations that do not follow FASB ASC 99	58, che	ck here 🕨 🗌			
Ę		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipme	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come,	or other funds		31	
	32	Total net assets or fund balances			4,393,589.	32	4,675,442
_	33	Total liabilities and net assets/fund balances		ı	4,446,755.	33	4,721,191

Form 990 (2019)

Form	1990 (2019) THE SHENANDOAH NATIONAL PARK TRUST	20	<u> - 868</u>	5310	Pa	<sub>ige</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,23	8,8	<u>74.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,18		
3	Revenue less expenses. Subtract line 2 from line 1	3				69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,39	3,5	89.
5	Net unrealized gains (losses) on investments	5		22	5,2	84.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		4,67	5,4	42.
Pa	rt XII Financial Statements and Reporting		•			
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

932012 01-20-20

#### 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

2019

Open to Public Inspection

**Employer identification number** Name of the organization THE SHENANDOAH NATIONAL PARK TRUST 20-8685310 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	940,707.	1097358.	2314238.	1147302.	1151037.	6650642.
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	940,707.	1097358.	2314238.	1147302.	1151037.	6650642.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						999,572.
6	Public support. Subtract line 5 from line 4.						5651070.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	940,707.	1097358.	2314238.	1147302.	1151037.	6650642.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	43,828.	46,772.	57,099.	82,110.	58,779.	288,588.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,756.	7,213.	4,278.	10,204.	23,451.
11	<b>Total support.</b> Add lines 7 through 10						6962681.
12	Gross receipts from related activities,	etc. (see instruction	ins)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3)	_
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) div	vided by line 11, c	olumn (f))		14	81.16 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	80.09 %
16a	33 1/3% support test - 2019. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				<b>&gt;</b> X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h	i <b>ere.</b> Explain in Pai	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		▶□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	<b>stop here.</b> Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· <b>&gt;</b>
					Sche	dule A (Form 990	or 990-EZ) 2019

### 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	etion A. Public Support	now, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		, ,	,,			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		4				
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(4) 2010	(5) 2010	(0) 2017	(4) 2010	(6) 2010	(i) rotal
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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	O					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•	,	•	•		
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Public					T T	
	Public support percentage for 2019 (li	, , , , , , , , , , , , , , , , , , , ,	,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					I I	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box an		-	•	•		
b	33 1/3% support tests - 2018. If the	· ·				•	
	line 18 is not more than 33 1/3%, chec						<b>&gt;</b>
ン()	Private foundation. If the organization	a did not check a '	nox on line 14 19:	a oriyn checkth	is nox and see ins	Tructions	<b>■</b>

## 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		
30		
_		
3c		
4a		
4b		
4c		
Eo		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
٥,		
9b		
9с		
10a		
. 50		
401-		
10b		Щ.

Pai	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?	la		
b	A family member of a person described in (a) above?	lb		
	, , , , , , , , , , , , , , , , , , ,	lc		
<u>Sec</u>	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.	ı		
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,			
		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			
		ı		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	ı		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		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 year (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 instruct.	ons).		
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			
		а		
b				
	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			
		b		
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			
		а		
b				
		b		

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Secti	tion D - Distributions		· ·	Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizations		
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	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T		
Secti	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
	From 2016			
d	From 2017			
	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>    i                                </u>	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2019. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**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,

Part VI

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

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

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

0040

2019

OMB No. 1545-0047

•

SHENANDOAH NATIONAL PARK TRUST

Employer identification number

20-8685310

Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 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 your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(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 Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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	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		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions  \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

20-8685310

THE SHENANDOAH NATIONAL PARK TRUST

Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 27,690.	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.)
(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

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 a	dditional 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
		\$	990 990-F7 or 990-PF\(2019\)

Name of organization **Employer identification number** THE SHENANDOAH NATIONAL PARK TRUST 20-8685310 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. 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 (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift 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

Pal			Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 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 v		dvised 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		· · · · · · · · · · · · · · · · · · ·
	for charitable purposes and not for the benefit of the donor o		
		······································	
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the fo	orm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	<u></u>
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing of	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conse	ervation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expe	nse statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stat	ements that describes the
	organization's accounting for conservation easements.	<del> </del>	
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stateme	nt and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these	items.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement a	nd balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for final	ncial gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

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

Scho	dule D (Form 990) 2019 THE SHE	NANDOAH NA	TTONA	AT. PARI	י ייפוואיי	1	2	0-86	85310	) p	aga <b>2</b>
	t III Organizations Maintaining Co						Similar	Assets	Contin	ued)	age –
3	Using the organization's acquisition, accession								<del>(OOTTEN)</del>	<u>uou,</u>	
	collection items (check all that apply):										
а											
b											
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ev further th	e organizatio	n's exem	pt purpose	e in Part I	XIII.		
5	During the year, did the organization solicit or	•		•	ū						
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang								ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for o	contributions	or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	orovided on	Part XIII					]
Par							).				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (	<b>d)</b> Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance	2,400.									
b	Contributions	20,000.									
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	22,400.									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1	, column (a)	) held as:						
а	Board designated or quasi-endowment	.00	%								
b	Permanent endowment ► 100.00	%	<b>7</b>								
С	Term endowment ▶ .00 g	<del>/</del> 6									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held ar	d administer	ed for the	organizat	ion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	I "Yes" on Form 990	), Part IV	, line <u>11a.</u> S	<u>ee Form 9</u> 90	, Part X, li	ne 10.				
	Description of property	(a) Cost or o		(b) Cost basis			cumulated reciation	d	(d) Bool	value	
	Land	,			-						
	Buildings										
	Leasehold improvements										
	Equipment			2	7,639.		17,96	5.		7,6	74.
-	1 1						,				

Schedule D (Form 990) 2019

9,674.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	OAH NATIONAL	PARK TRUST	20-8685310 <sub>Page</sub>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		e 12. Cost or end-of-year market value
	(b) Book value	(c) Method of Valuation. C	ost of end-or-year market value
<ul><li>(1) Financial derivatives</li><li>(2) Closely held equity interests</li></ul>			
(3) Other			
(A)			
(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.	on Form 000 Dort IV line	11a Caa Farm 000 Dart V lina	12
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value		ost 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 IX Other Assets.	on Form 000 Dort IV line	11d Can Farm 000 Dart V line	. 15
Complete if the organization answered "Yes" (a)	Description	Tru. See Form 990, Part X, line	(b) Book value
(1)	Becompaign		(a) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X   Other Liabilities.	e 15.)		<b>)</b>
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	5 5 555, Fart IV, IIII6		(b) Book value
(1) Federal income taxes			(-) = 35.1.18.83
(2)			
(3)			

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

Schedule D (Form 990) 2019

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

Part XI	Recon	ciliation o	f Revenue i	per .	Aud	lited	Financia	I Statements	s With Revenue r	er Return.

Par	rt XI Reconciliation of Revenue per Audited Financial S	tatements with Revenue pe	r Keturn.	
	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	1,486,689.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments		34.	
b			0.	
С	1 7 3			
d	Other (Describe in Part XIII.)	2d -9,71	19.	0.45 0.45
е	Add lines 2a through 2d			247,815. 1,238,874.
3	Subtract line 2e from line 1		3	1,238,874.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,		_	
b	,	4b		
С	Add lines 4a and 4b			0.
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII   Reconciliation of Expenses per Audited Financial	12.)	or Potur	1,238,874.
Pai			er netur	11.
	Complete if the organization answered "Yes" on Form 990, Part IV			1 204 026
1			1	1,204,836.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 2 2 21	-	
_			50.	
b			_	
С.			_	
d	,		_	22 250
	Add lines 2a through 2d		l l	32,250. 1,172,586.
3	Subtract line 2e from line 1		3	1,1/2,500.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	1	0 =	10	
	Other (Describe in Part XIII.)			9,719.
5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. lin			1,182,305.
	rt XIII Supplemental Information.	e 18.j /	3	1/102/3031
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4: Part IV lines 1h and 2h: Part V	line 4: Part	X line 2: Part XI
	22d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid		iiio 4, i ait	Λ, ΙΙΙΟ Σ, Γαιτ ΛΙ,
	za ana 45, ana 1 are zin, imos za ana 45. Ziso complete and pare to provid	carry additional information.		
				_
PAF	RT X, LINE 2:			
THE	E TRUST HAS REVIEWED AND EVALUATED THE	RELEVANT TECHNICA	L MERI	TS OF EACH
OF	ITS TAX POSITIONS IN ACCORDANCE WITH	GUIDANCE ESTABLISH	ED BY	THE
FIN	NANCIAL ACCOUNTING STANDARDS BOARD (FA	SB) AND DETERMINED	THAT	THERE ARE
NO	UNCERTAIN TAX POSITIONS THAT WOULD HA	VE A MATERIAL IMPA	CT ON	THE
FIN	NANCIAL STATEMENTS OF THE TRUST.			
n 3 F	DE VI IINE OD OBUID AD HIGHNENEG			
PAF	RT XI, LINE 2D - OTHER ADJUSTMENTS:			
CVI	DENCES NEMMED ACATNOM DEVENITES ON ETNA	NCTALE		_0 710
۱۸۲	PENSES NETTED AGAINST REVENUES ON FINA	TICIADO		- J, I L J •
PAF	RT XII, LINE 4B - OTHER ADJUSTMENTS:			
EXE	PENSES NETTED AGAINST REVENUES ON FINA	NCIALS		9,719.

EXPENSES NETTED AGAINST REVENUES ON FINANCIALS
932054 10-02-19

Schedule D (Form 990) 2019



#### **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

2019

Open to Public Inspection

Name of the organization

Employer identification number

THE SHE	NANDOAH NATIONAL PA	ARK	TRU	JST	20-8685	310
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not
required to complete this part						
<ul> <li>Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Page 1</li> </ul>	e Solicitat f Solicitat g Special r oral agreement with any individual	tion of tion of fundra (includ	non-ga govern sising a	overnment grants nment grants events ficers, directors, trus	tees, or Yes	☐ No
<b>b</b> If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the		ant to	agreer	nents under which th	ne fundraiser is to be	•
(i) Name and address of individual or entity (fundraiser)	I (II) ACTIVITY			(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			
Fotal			<b>•</b>			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

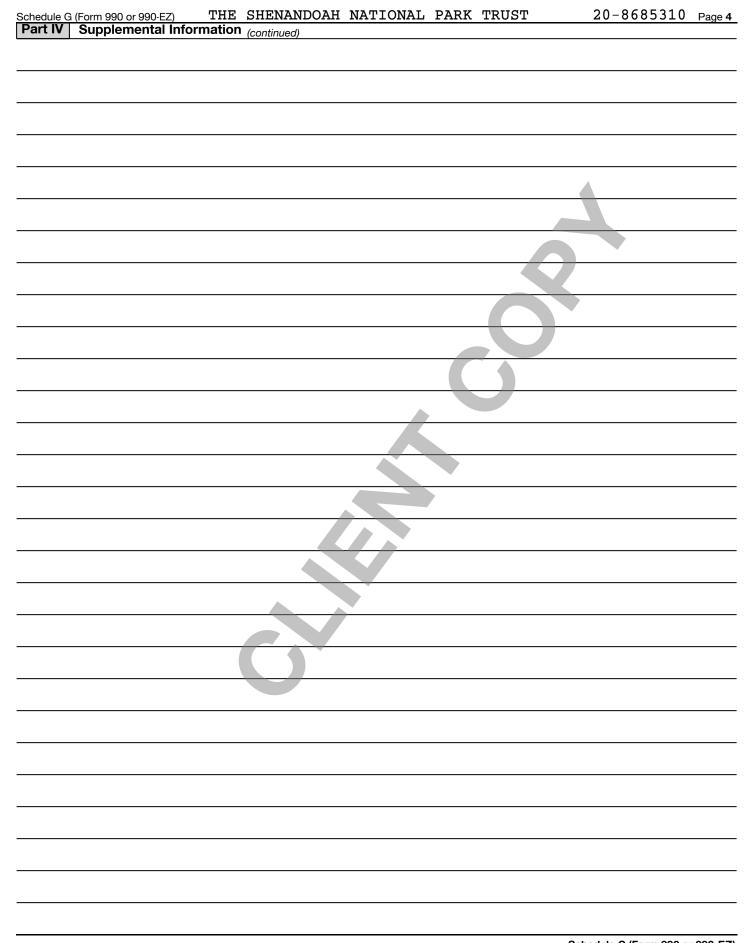
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt I					
		of fundraising event contributions and gr	(a) Event #1 SNPT/PEC/SCB I EVENT (event type)	<b>(b)</b> Event #2	(c) Other events  NONE  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	22,389.		,	66,825.
ш.	2	Less: Contributions	22,389.			22,389.
	3	Gross income (line 1 minus line 2)		44,436.		44,436.
	4	Cash prizes				
S	5	Noncash prizes				_
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
	8	Entertainment		20,541.		20,541.
	9	Other direct expenses				5,055. 25,596.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I				18,840.
Pa	rt I	<b>II Gaming.</b> Complete if the organization		990 Part IV line 19 or r		10,040.
		\$15,000 on Form 990-EZ, line 6a.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
es	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	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	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		vear?	Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2019

932082 09-11-19



#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**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 THE SHENANDOAH NATIONAL PARK TRIIST 20-8685310

THE SHEW	MDOMI MMI	TOMME I MICH.	INODI				20 0003310
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant t	funds in the United	States.			
Part II Grants and Other Assistance to	Domestic Organia	zations and Domestic	Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	\$5,000. Part II can	be duplicated if addition	onal space is need		(O) Mathaul of		т.
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CONSERVATION LEGACY							
701 CAMINO DEL RIO, SUITE 101							FUNDING FOR PARK
DURANGO, CO 81301	84-1450808	501(C)(3)	107,565.	0.			PROJECTS.
SMITHSONIAN CONSERVATION BIOLOGY INSTITUTE - 1500 REMOUNT ROAD -							CO-SPONSOR FOR FUNDRAISER - PASSTHROUGH OF ITS
FRONT ROYAL, VA 22630	20-8685310	501(C)(3)	9,182.	0.			PORTION OF NET INCOME.
SHENANDOAH NATIONAL PARK 3655 HIGHWAY 211 EAST LURAY, VA 22835	53-0197094	NA-GOVERNMENT AGENCY	332,254.	26,078.	FMV	LAND	FUNDING FOR PARK PROJECTS.
SHENANDOAH NATIONAL PARK ASSOCIATION - 3655 HIGHWAY 211 EAST - LURAY, VA 22835	54-0952015	501(C)(3)	31,795.	0.			FUNDING FOR PARK PROJECTS.
0 Fatantatal manifes of casting 504/ \/0\			. Para di Arabata				
2 Enter total number of section 501(c)(3) an	· ·	•	e line 1 table				<u>3.</u>
3 Enter total number of other organizations	s listed in the line <sup>.</sup>	I table					▶ ⊥.

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

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(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
			, (		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
SCHEDULE I, PART I, LINE 2: SHENA	TAN HAODN	IONAL PARE	K TRUST AWA	RDS GRANTS	
TO FUND PROJECTS AND PROGRAMS BENE	FITTING S	HENANDOAH	<b>МАТТОМАТ.</b> Р	ARK.	
10 TONE TROUBERS THE TROUBURS DELLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE TOTAL T		

#### **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.

Inspection

OMB No. 1545-0047

Name of the organization

THE SHENANDOAH NATIONAL PARK TRUST

**Employer identification number** 20-8685310

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.