DLN: 93493223016000 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form 990

(چ			Under section 501(c), 527, or 4			=		2019	
Depart	ment o	of the		al security numbers on this form as i	•	•		Open to Public	
Freasu		onua Samuoa		v/Form990 for instructions and t	ne latest in	formation.		Inspection	
			I .	ning 01-01-2019 , and ending 1	2-31-2019				
3 Che □ Ad	ck ıf aı dress o	ipplicable change	C Name of organization ALLIANCE FOR THE SHENANDOAH V			<b>D Employ</b> 41-223		ication number	
□ Ini	tıal ret	turn	Doing business as						
☐ An	Tax-exempt statu  Website: Signary  1 Briefly d ALLIANO CULTUR  2 Check t 3 Number 4 Number 5 Total num 6 Total num 6 Total num 7a Total um b Net unr  8 Contrib 9 Program 10 Investm 11 Other m 12 Total re 13 Grants 14 Benefits 15 Salaries 16a Profess b Total fun 17 Other e 18 Total e 19 Revenu  19 Revenu  10 Total fun 17 Other e 18 Total e 19 Revenu  20 Total as 21 Total fun 17 Other e 18 Total e 19 Revenu  20 Total as 21 Total fun 22 Net ass  Part II Signary  3 Signary  4 Signary  4 Signary  5 Signary  6 Total fun 17 Other e 18 Total e 19 Revenu  5 Signary  6 Total fun 17 Other e 18 Total e 19 Revenu  5 Signary  6 Total lia 17 Other e 18 Total e 19 Revenu  5 Signary  6 Total lia 18 Total e 19 Revenu  5 Signary  6 Total lia 18 Total e 19 Revenu	d return	Number and street (or P O box if ma	all is not delivered to street address) Room	n/suite	·	E Telephone number		
□ Ар	plicatio	on pending		have and ZID as favores market and		(540) 7	40-4500		
			City or town, state or province, coun NEW MARKET, VA 22844	try, and 21P or foreign postal code		<b>G</b> Gross re	ceipts \$ 63	38,510	
			F Name and address of principa JOAN COMANOR PO BOX 674 NEW MARKET, VA 22844	l officer	H(b) <sup>A</sup>	subordinates? Are all subordinat	s a group return for dinates?		
Ta	k-exen	mpt status	<b>☑</b> 501(c)(3)	Insert no )		ncluded? f "No," attach a l	ist (see		
w	Website: ► SHENANDOAHALLIANCE ORG  H(c) Group exemption num								
<b>(</b> Forr	n of or	rganızatıon	✓ Corporation ☐ Trust ☐ Associ	ciation ☐ Other ▶	<b>L</b> Year of	formation 2008	<b>M</b> State	of legal domicile VA	
Pa	ırt I	Sum	mary						
ACUVIUES & GOVERNANCE	4	ALLIANCE	scribe the organization's mission oi FOR THE SHENANDOAH VALLEY A HERITAGE, AND RURAL CHARACT	DVOCATES, EDUCATES, AND CONNE	ECTS PEOPLE	TO CONSERVE T	HE NATU	RAL RESOURCES,	
Ae A	-								
5				continued its operations or disposed g body (Part VI, line 1a)			ssets <b>3</b>	12	
ಶ ^	l		-	the governing body (Part VI, line 1b)			4	12	
E	l		5	4					
	l	6	12						
ŧ	7a	Total unr	7a	0					
	l			Form 990-T, line 39			7b		
	_								
						Prior Year		Current Year	
Qı.	8	Contribut	tions and grants (Part VIII, line 1h)			Prior Year	007	Current Year 637,542	
enue	l		cions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)				007		
- Savenue	9	Program	• • • • • • • • • • • • • • • • • • • •			588,0	378	637,542	
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May the IRS discuss this return with the preparer shown above? (see instructions) .

☑ Yes ☐ No

Form	990 (2019)				Page <b>2</b>
Pai	t III Statement	of Program Service	Accomplishments		_
	Check if Sche	dule O contains a respor	se or note to any line in this Pa	art III	🗹
1	Briefly describe the o	rganization's mission			
		NDOAH VALLEY ADVOCA ARACTER OF OUR REGIO		TS PEOPLE TO CONSERVE THE NATURA	L RESOURCES, CULTURAL
2			t program services during the	year which were not listed on	
	'				🗌 Yes 🗹 No
	If "Yes," describe the				
3	-	<del>-</del> -	ke significant changes in how i	t conducts, any program	□ Yes ☑ No
		se changes on Schedule			∟ Yes ⊻ No
4	Describe the organiza Section 501(c)(3) an	ation's program service a	accomplishments for each of its is are required to report the am	s three largest program services, as mea nount of grants and allocations to others	sured by expenses , the total
4a	(Code	) (Expenses \$	333,306 including grants of	of \$ 11,000 ) (Revenue \$	)
	See Additional Data				
4b	(Code	) (Expenses \$	including grants o	of \$ ) (Revenue \$	)
		N/5			
4c	(Code	) (Expenses \$	including grants o	of \$ ) (Revenue \$	)
4d	Other program service	ces (Describe in Schedul	e O )		_
	(Expenses \$	,	ding grants of \$	) (Revenue \$	)
		/ice expenses ▶	333,306		

11f

12a

20a

20h

21

Yes

Form **990** (2019)

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

No

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔰 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 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

Yes 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 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 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7

No Nο Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🔰 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Nο 

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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . . 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a 

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞 . . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆 . . . . . . . . . . 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

No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Nο

b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Νo 14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

**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 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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 🛸

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 

17 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19

**20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Checklist of Required Schedules (continued)			Page
	ensumes of required content of (content of content of c		Yes	No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22		No
3	column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 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 J	23		No
la	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	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 or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
3	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
)	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
2	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		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	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		No
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
)	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		
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	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		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b>		Yes	
	All Form 990 filers are required to complete Schedule O	38		

1a

1b

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

10 0

**1**c

-orm	990 (2019)			Page <b>5</b>
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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)	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No.
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
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).			
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7c		No
u	The less, indicate the number of Forms 6262 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	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	<b>Sponsoring organizations maintaining donor advised funds.</b> 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		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a L	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter			
 а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		Ne
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
15	If tes, has it filed a form 720 to report these payments 11 No, provide an explanation in Schedule 0  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	170		
	parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

orm	990 (2019)			Page <b>6</b>
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines 🗹
Se	ction A. Governing Body and Management			
4-			Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year  12  13  14  15  16  17  17  18  18  19  19  19  19  19  19  19  19	-		
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 12			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>e Code</u>		
10-	Did the consequence have been been bounded as a fifther 2	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  KATHERINE WOFFORD 9386 SOUTH CONGRESS STREET NEW MARKET, VA 22844 (540) 740-4500			

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

See instructions for the order in which to list the particular Check this box if neither the organization nor	•		tion (	com	nenr	: hete	anv	current officer dire	ector or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than on is be	on (do	(C) do not box, u an of ctor/t	c) ot che unles officer trust	neck pers and Highest compens	nore rson a	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
(1) KATHERINE WOFFORD	40 00		4	×		ated		83,784	ł 0	770
EXECUTIVE DI		<u> </u>	⊥_′		'	<u> </u>	上'	00,, 0		
(2) CHRISTINE ANDREAE SECRETARY	1 00			х				0	0	0
(3) SETH COFFMAN DIRECTOR	1 00							0	0	0
(4) JOAN COMANOR CHAIR	1 00	X		×				0	0	0
(5) SARAH FRANCISCO DIRECTOR	1 00	X						0	0	0
(6) DOLLY FRAZIER DIRECTOR	1 00	X						0	0	0
(7) LEE GOOD TREASURER	1 00			х				0	0	0
(8) RODERICK GRAVES DIRECTOR	1 00							0	0	0
(9) CORY GUILLIAMS DIRECTOR	1 00							0	0	0
(10) LISA ANNE HAWKINS VICE CHAIR	1 00	X		×				0	0	0
(11) JOSEPH LEHNEN DIRECTOR	1 00							o	0	0
(12) CAROLYN LONG DIRECTOR	1 00	X						o	0	0
(13) ROBERT WHITESCARVER DIRECTOR	1 00	×						0	0	0
	<u> </u>	<u>                                     </u>	<u></u> '		<u> </u>	<u> </u> '	⊥'		<u> </u>	
	<u> </u>	<u> </u>	<u></u> '	<u></u>	<u> </u>	<u> </u>	⊥'		<b></b> '	
	<u> </u>	<u>                                     </u>	⊥_'		⊥'	<u> </u>	⊥'	<u> </u>	<u> </u>	
, · · · · · · · · · · · · · · · · · · ·	1 '	1 '	1 '	1 '	'	1 '	1 '	1	1	1

hours per week (list any hours			n off or/t	ficer ruste	and a		compensation from the organization	compensation from related organizations	amount of other compensation from the
for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W-2/1099- MISC)	from related	organization and related organizations
							<u> </u>		<u> </u>

1b Sub-Total	 		<b>&gt;</b>		
	 _				

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

line 1a? If "Yes," complete Schedule J for such individual .

**Section B. Independent Contractors** 

compensation from the organization >

3

4

5

1b Sub-Total	 		<b>•</b>		

1b Sub-Total											
c Total from continuation sheets to Pa	rt VII, Section	▶ [									

	<u>                                     </u>	'	<u> </u>	<u> </u>	$\perp$				
		1							
1b Sub-Total									
c Total from continuation sheets to Pa	art VII, Section	Α.				▶			
d Total (add lines 1b and 1c)						▶	83,784		770

1b Sub-Total						<b>&gt;</b>				
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)						•		83,784		770
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than	\$100,000	

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)						▶		83,784		770

Lb Sub-Total	<b>&gt;</b>		
c Total from continuation sheets to Part VII, Section A	•		
d Total (add lines 1b and 1c)	<b>&gt;</b>	83,784	770
2 Total number of individuals (including but not limited to those listed above of reportable compensation from the organization ▶	ve) wh	o received more than \$100,000	

Yes

3

4

5

(B)

Description of services

No

No

No

Nο

(C)

Compensation

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Part	VIII									
		Check If Sched	dule	O contains a	a respo	onse or note to an	y line in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512 - 514
10	1:	a Federated campa	aigns		1a			Teveriue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership due	s.	. [	<b>1</b> b					
6 13 13 13 13 13 13 13 13 13 13 13 13 13		<b>c</b> Fundraising even	nts .	. [	1c					
ifts, ar A		<b>d</b> Related organiza	tions	; <u> </u>	<b>1</b> d					
ni. G		e Government grants	(con	tributions)	1e		-			
ons Sir		f All other contribution and similar amount				627.542				
outi her		above  g Noncash contribution		L	1f	637,542	-			
		lines 1a - 1f \$	)IIS III		<b>1</b> g	2,609				
Cor		<b>h Total.</b> Add lines	1a-1	f		>	637,542			
						Business Code				
	2a									
7Ele										
4	ь									
Program Service Revenue	c	:								
ξĒ										
E	d									
ogra	e	•								
Δ	ء ا	All other program	cory	ico rovonilo						
		Total. Add lines 2			_					
	3	Investment income	(Inc			nterest, and othe	r		1	1
		similar amounts). Income from invest			· mnt ha	and proceeds	96	58		968
	l	Royalties					<b>▶</b>			
		,		(ı) Rea	al	(II) Personal				
	6a	Gross rents	6a							
		Less rental					_			
		expenses	6b				_			
	С	Rental income or (loss)	6с							
	٠	d Net rental income	e or (				Ţ			
	_			(ı) Securi	ities	(II) Other	_			
	7a	Gross amount from sales of assets other	7a							
		than inventory					_			
	b	Less cost or other basis and	7Ь							
		sales expenses					_			
		Gain or (loss)	7c							
	l	d Net gain or (loss) Gross income from fu				· · · •	_			
ne	0	(not including \$		of						
-e-		contributions reporte See Part IV, line 18			8a					
Re	Ŀ	Less direct expen	ises		8b					
Other Revenue	(	c Net income or (los	ss) fr	om fundrais	ing ev	ents	_			
δ	9a	Gross income from	gamı	ng activities						
		See Part IV, line 19	•		9a					
	l	Less direct expen			9b					
	ľ	: Net income or (los	ss) fr	om gaming	activit	les ▶	$\neg$		+	
	10	aGross sales of inve	entor	y, less						
	١.	returns and allowa Less cost of good			10a 10b		_			
		• Net income or (los								
		Miscellaneo			IIIVCIII	Business Code				
	11	La								
	t	)								
	(	•								
	,	d All other revenue							+	
		Total. Add lines 1				•			1	
	12	<b>2 Total revenue.</b> S	iee ir	structions						
							638,51	.0[		968 Form <b>990</b> (2019)

13 Office expenses . .14 Information technology

**20** Interest . . . .

21 Payments to affiliates . . .

expenses on Schedule O )

a PROFESSIONAL SERVICES

c TELECOMMUNICATIONS

d DUES AND SUBSCRIPTIONS

**b** BANK CHARGES

e All other expenses

22 Depreciation, depletion, and amortization

18 Payments of travel or entertainment expenses for any federal, state, or local public officials19 Conferences, conventions, and meetings

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
Check here ► ☐ if following SOP 98-2 (ASC 958-720)

15 Royalties .

16 Occupancy .17 Travel . .

23 Insurance .

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must o	complete all columns	All other organizatio	ns must complete col	umn (A)
Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u></u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	11,000	11,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	84,554	71,871	8,455	4,228
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	137,542	116,911	13,754	6,877
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	902	767	90	45
9 Other employee benefits				
<b>10</b> Payroll taxes	16,931	14,391	1,693	847
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	7,594	7,214	380	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	72		72	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	473	449		24

9,541

8,000

13,126

7,780

282

1,628

78,429

3,216

1,563

1,137

383,770

7,591

5,600

11,814

7,002

1,140

74,508

483

1,485

1,080

333,306

622

2,400

656

389

282

488

3,921

2,251

35,531

78

1,328

656

389

482

57

14,933

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Check if Schedule O contains a response or note to any line in this Part I	X		🖂
	(A) Beginning of year		( <b>B</b> ) End of year
1 Cash-non-interest-bearing	25,439	1	5,606
2 Savings and temporary cash investments	233,582	2	439,667
3 Pledges and grants receivable, net		3	62,830
4 Accounts receivable, net		4	
5 Loans and other payables to any current or former officer, director, trust- key employee, creator or founder, substantial contributor, or 35% contro		5	

		rieuges and grants receivable, net		3	02		
	4	Accounts receivable, net				4	
	5	Loans and other payables to any current or form key employee, creator or founder, substantial contity or family member of any of these persons		5			
	6	Loans and other receivables from other disquality section $4958(f)(1)$ ), and persons described in section $4958(f)(1)$		6			
s	7	Notes and loans receivable, net		7	4		
set	8	Inventories for sale or use		8			
Assets	9	Prepaid expenses and deferred charges	4,000	9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,409			
	b	Less accumulated depreciation	10b	540	1,151	<b>10</b> c	
	11	Investments—publicly traded securities .			11		
	12	Investments—other securities See Part IV, line			12		
	13	Investments—program-related See Part IV, line	11 .			13	
	1						

4,500

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- 25	0	inventories for sale of use		٥			
Ass	9	Prepaid expenses and deferred charges			4,000	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,409			
	b	Less accumulated depreciation	<b>10</b> b	540	1,151	<b>10</b> c	869
	11	Investments—publicly traded securities .		11			
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line	11 .	•		13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			6,883	15	8,017
	16	Total assets. Add lines 1 through 15 (must equ	ual line	234)	271,055	16	521,489
	17	Accounts payable and accrued expenses			25,169	17	19,657
	4.0						

	11	investments—publicly traded securities .		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	6,883	15	8,017
	16	Total assets. Add lines 1 through 15 (must equal line 34)	271,055	16	521,489
	17	Accounts payable and accrued expenses	25,169	17	19,657
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S		Escrow or custodial account liability Complete Part IV of Schedule D		21	
a,					

	I	, , , , , , , , , , , , , , , , , , ,			1
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	6,883	15	8,017
	16	Total assets. Add lines 1 through 15 (must equal line 34)	271,055	16	521,489
	17	Accounts payable and accrued expenses	25,169	17	19,657
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilities	22	Loans and other 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			
<u>.e</u>				22	
I –	23	Secured mortgages and notes payable to unrelated third parties		23	

	16	Total assets. Add lines 1 through 15 (must equal line 34)	271,055	16	521,489
	17	Accounts payable and accrued expenses	25,169	17	19,657
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ý	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
vilitie	21 22 23	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity			
ia		or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties,		25	

Ś	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other 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		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to 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	25,169	26	19,657
Balances	27	Organizations that follow FASB ASC 958, check here ▶ ✓ and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions	245,886	27	411,504
	28	Net assets with donor restrictions		28	90,328
or Fund	29	Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.  Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
55	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances	245,886	32	501,832
Net	33	Total liabilities and net assets/fund balances	271,055	33	521,489

Form	990 (2019)				Page <b>12</b>
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			638,510
2	Total expenses (must equal Part IX, column (A), line 25)	2			383,770
3	Revenue less expenses Subtract line 2 from line 1	3			254,740
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			245,886
5	Net unrealized gains (losses) on investments	5			1,206
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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			501,832
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	✓ Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☐ 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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	red	3b		

3b

### Additional Data

Software ID:

Software Version:

**EIN:** 41-2233874

Name: ALLIANCE FOR THE SHENANDOAH VALLEY

Form 990 (2019)

### Form 990, Part III, Line 4a:

ALLIANCE FOR THE SHENANDOAH VALLEY, ESTABLISHED IN 2018 (PREVIOUSLY KNOWN AS SHENANDOAH FORUM) ENVISIONS A SHENANDOAH VALLEY WHERE THE WAY OF LIFE IS SUSTAINED BY RURAL LANDSCAPES, CLEAN STREAMS AND RIVERS, AND THRIVING COMMUNITIES THE ALLIANCE'S MISSION IS TO ADVOCATE, EDUCATE, AND CONNECT PEOPLE TO CONSERVE THE NATURAL RESOURCES, CULTURAL HERITAGE, AND RURAL CHARACTER OF THE SHENANDOAH VALLEY VIRGINIA'S SHENANDOAH VALLEY IS ONE OF OUR NATION'S MOST ICONIC LANDSCAPES. RICH IN EXTRAORDINARY NATURAL AND HISTORIC RESOURCES DESERVING OF PROTECTION. WITH HEADWATERS ON THE ONE-MILLION ACRE GEORGE WASHINGTON NATIONAL FOREST LANDS TO THE WEST AND SHENANDOAH NATIONAL PARK TO THE EAST, THE SHENANDOAH RIVER PROVIDES CLEAN DRINKING WATER TO WASHINGTON DC. THE VALLEY'S STREAMS AND RIVERS ALSO SUPPLY WATER THAT IS THE LIFEBLOOD FOR

OUR LOCAL FARMING ECONOMY. AND THEY SUPPORT THRIVING OUTDOOR RECREATION AND TOURISM SECTORS. OUR SERVICE AREA COVERS SIX COUNTIES IN THE VALLEY - AUGUSTA, FREDERICK, PAGE, ROCKINGHAM, SHENANDOAH AND WARREN - AND THE CITIES AND TOWNS WITHIN WE DO THE IMPORTANT WORK OUTLINED IN OUR MISSION BY PROMOTING LAND USE AND TRANSPORTATION POLICIES THAT RESPECT THE VALLEY'S NATURAL AND CULTURAL RESOURCES AND TRADITIONAL COMMUNITIES, FOSTERING LAND AND WATER CONSERVATION THROUGH PROJECTS AND PROGRAMS THAT ENSURE CLEAN AND PLENTIFUL WATER, PROTECTED FARM AND FOREST LAND AND PRESERVED CULTURAL RESOURCES. SUPPORTING ECONOMIC DEVELOPMENT THAT IS IN KEEPING WITH THE VALLEY'S UNIQUE CHARACTER AND RESOURCES, CULTIVATING AN ACTIVE, EDUCATED, AND INFORMED PUBLIC, AND MOBILIZING CITIZENS ON REGIONAL ISSUES OF IMPORTANCE VISIT OUR WEBSITE, SHENANDOAHALLIANCE ORG, TO MEET OUR DEDICATED BOARD AND STAFF AND FOLLOW OUR CURRENT WORK

em	<u>e GR</u>	<u>APHIC prii</u>	1t - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493223016000			
	m 99	OULE A	Com		Charity Staturganization is a sect	tion 501(c)(3) o empt charitable	organization or trust.	ort	2019			
Depart	ment of	f the Treasury	▶ (	io to <u>www.irs</u>	► Attach to Form a.gov/Form990 for i			ormation.	Open to Public Inspection			
Nam	e of th	<b>he organiza</b> R THE SHENAN						Employer identific	ation number			
								41-2233874				
	rt I				<b>us</b> (All organization : it is  (For lines 1 thro			see instructions.				
1	// gui2		•		•	•		(A)(i)				
_				churches, or association of churches described in section 170(b)(1)(A)(i).  ction 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )								
						·	, ,					
3		·	·	•	vice organization desc			•				
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's			
5			ation operated ( <b>iv).</b> (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>			
6		A federal, s	tate, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).				
7	<b>✓</b>	section 17	'0(b)(1)(A)(	vi). (Complete	•		_	init or from the genera	al public described in			
8		A communi	ty trust descr	ibed in <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	I)					
9		non-land gi	ant college o	f agrıculture S	escribed in <b>170(b)(1)</b> ee instructions Enter	the name, city, a	and state of the	college or university				
10		from activit	ies related to income and i	ıts exempt fur ınrelated busın	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its su	•			
11		An organiza	ation organize	d and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	organizations o	d exclusively for the be described in <b>section 5</b> the type of supporting	509(a)(1) or se	ction <b>509</b> (a)(2	). See section 509(a				
a		<b>Type I.</b> A so	supporting org n(s) the powe	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by				
b		Type II. A manageme	supporting o	rganization sup porting organiza	ervised or controlled i ation vested in the sar							
с		Type III f	unctionally i		and C. supporting organizatio ions) You must com				ted with, its			
d		Type III n	on-function	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ization operated	in connection wi	th its supported orgar	, ,			
e		Check this	box if the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	functionally			
f	Enter	-		on-runctionally organizations	integrated supporting	gorganization						
g				•	ipported organization(	(s)		_				
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
Tota			.,		nstructions for	Cat No 11285		 Schedule A (Form 9				

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

15 Public support percentage for 2018 Schedule A, Part II, line 14

organization

instructions

supported organization

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

14

15

Schedule A (Form 990 or 990-EZ) 2019

70 590 %

100 000 %

▶ ☑

▶□

20

P	(Complete only if you c	_		•		to qualify i	under Part II. If
	the organization fails to	qualify under t	the tests listed	below, please co	omplete Part II.	)	
Se	ection A. Public Support						
	Calendar 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 ")						
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						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
h	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
Se	ection B. Total Support		Ī	1			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
Ь	income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975						
с 11	Add lines 10a and 10b  Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
13							
	11, and 12)  First five years. If the Form 990 is for	the organization	 's first second tl	l bird fourth or fift	h tay yaar as a sa	ction 501(c)(	3) organization
14	check this box and <b>stop here</b>	the organization	is mise, second, c	ina, ioaran, or me	ii tax year as a se	CCION 301(C)(.	organization, ► □
Se	ection C. Computation of Public S	Sunnort Perce	ntage				
15	Public support percentage for 2019 (lin	e 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2018 S			V-77		16	
	ection D. Computation of Investr		*			-0	
17	Investment income percentage for 201			line 13, column (f	))	17	
18	Investment income percentage from 20			, 3(1	• •	18	
	331/3% support tests—2019. If the	•		on line 14, and lin	e 15 is more than		d line 17 is not
	more than 33 1/3%, check this box and s	_					<b>→</b> □
	33 1/3% support tests—2018. If the	-					• —
,	not more than 33 1/3%, check this box	_					▶□

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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 )

Schedule A (Form 990 or 990-EZ) 2019

answer line 10b below

the organization had excess business holdings)

Section A. All Supporting Organizations

			Yes	NO
L	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,	d organizations are designated If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1		
	D.d.th			

	,, ,		
	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 <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	Ι
1	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Τ

3a below 3а 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 3b 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 3с 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 4a 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 4b supervised by or in connection with its supported organizations 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 4с 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 5a amendment to the organizing document)

5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations. (11) 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.

6 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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) 7 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) 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

organization had an interest? If "Yes," provide detail in Part VI.

9b

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.

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

-	rt IV Supporting Organizations (continued)		<u>'</u>	age <b>S</b>			
C	Supporting Organizations (continued)		Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?			.10			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
-	governing body of a supported organization?	11a					
h	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b>	11c					
	ection B. Type I Supporting Organizations						
	cetion by Type 2 dupporting 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that						
_	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2					
	organization						
S	ection 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
_	ection D. All Type III Supporting Organizations						
	ection 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		. 00				
	documents in effect on the date of notification, to the extent not previously provided?						
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax						
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3					
S	ection 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 instructi	ons)					
	The organization satisfied the Activities Test. Complete line 2 below						
	b The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below						
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstrud	ctions)				
2	Activities Test Answer (a) and (b) below.		Yes	No			
	a 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 <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a					
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.						
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3 h					

3b

Page 6 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a b Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets **1**c **1**d d Total (add lines 1a, 1b, and 1c)

e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

instructions)

7

7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to who	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section 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			

details in <b>Part VI</b> ) See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section 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			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019

q Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2019 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c 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 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . d Excess from 2018. . . . . e Excess from 2019. . . . .

a From 2014. . . . . . **b** From 2015. . . . . . . **c** From 2016. . . . . . e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions

31 and 4c 8 Breakdown of line 7

\$

### **Additional Data**

## Software ID:

Software Version: **EIN:** 41-2233874

Name: ALLIANCE FOR THE SHENANDOAH VALLEY

Schedule A (Form 990 or 990-EZ) 2019

Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

**SCHEDULE C** 

# **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

DLN: 93493223016000

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

• 8 • 8 f the • 8 • 8 f the Prox	Section 501(c) (other than section 5 Section 527 organizations Complet corganization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under 9 t have NOT filed Form 5768 (election u n Form 990, Part IV, Line 5 (Proxy Ta s), then	s I-A and C below 990-EZ, Part VI, Iir section 501(h)) Co nder section 501(h	ne <b>47 (Lobbying A</b> omplete Part II-A [	<b>Actıvit</b> ı Do not II-B D	i <b>es), th</b> compl o not c	ete Part II- complete P	art II-A	
	me of the organization IANCE FOR THE SHENANDOAH VALLEY			Emplo	yer id	entific	cation nur	nber	
				41-223					_
	· · · · · · · · · · · · · · · · · · ·	nization is exempt under section							_
1	Provide a description of the organ "political campaign activities")	iization's direct and indirect political cai	mpaign activities ir	n Part IV (see instr	uction	s for d	efinition of		
2	Political campaign activity expend	litures (see instructions)			<b>&gt;</b>	\$			
3	Volunteer hours for political camp	· · · · · · · · · · · · · · · · · · ·				_			_
	<u> </u>	nization is exempt under section							_
1	, and the second	ex incurred by the organization under s			<b>&gt;</b>	\$_			_
2 3	·	ex incurred by organization managers u tion 4955 tax, did it file Form 4720 for				⇒	П.,		_
- 4а	Was a correction made?	tion 1999 tax, and to me Form 1920 for	ans year				Yes	□ No	
							☐ Yes	∐ No	
	If "Yes," describe in Part IV  Complete if the organ	nization is exempt under section	on 501(c), exce	ept section 501	L(c)(3	3).			-
1		ed by the filing organization for section			<u> </u>	\$			-
2	, ,	anization's funds contributed to other of				· -			_
	function activities				<b>&gt;</b>	\$			_
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b	<b>&gt;</b>	\$			
4	Did the filing organization file For	m 1120-POL for this year?					☐ Yes	□ No	
5	organization made payments For of political contributions received	employer identification number (EIN) or each organization listed, enter the am that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the red to a separate p	e filing organization political organizatio	n's fund	ds Als	o enter the		
	(a) Name	(b) Address	(c) EIN	(d) Amount pa filing organiza funds If none, -0-	ition's	d	e) Amount ontribution and prom lirectly deli- separate organization enter	s received ptly and vered to a political n If none,	
1									_
2									_
3									
1									
5									
5									-
_			_1	1					_

Schedule C (Form 990 or 990-EZ) 2019

SCHEDULE C, PART II-A

**EFFECTIVE** 

(b)

(a)

### activity Yes | No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year b Carryover from last year 2b C Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information Return Reference Explanation

2019 WAS THE FIRST YEAR THAT ALLIANCE FOR THE SHENANDOAH VALLEY'S 501(H) ELECTION WAS

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493223016000 TY 2019 Averaging Attachment Name: ALLIANCE FOR THE SHENANDOAH VALLEY **EIN:** 41-2233874 **Explanation:** 2019 WAS THE FIRST YEAR THAT ALLIANCE FOR THE SHENANDOAH VALLEY'S 501(H) ELECTION WAS EFFECTIVE.

SCHEDULE D

(Form 990)

DLN: 93493223016000

OMB No 1545-0047

## 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.

Open to Public

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** ALLIANCE FOR THE SHENANDOAH VALLEY Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 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) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the 5 organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and 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

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

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2019

Cat No 52283D

Par		Organizations Ma	aintaining Col	lections of	Art, Hist	orical T	reası	ares, o	r Other	Similar A	ssets (ca	ontinued)	
3		the organization's acquicheck all that apply)	uisition, accessior	n, and other r	ecords, che	ck any of	the fo	ollowing t	hat are a	sıgnıfıcant	use of its	collection	
а		Public exhibition			•	ı 🗆	Loan	or exch	ange prog	grams			
b		Scholarly research			•		Othe	r					
c		Preservation for future	e generations										
4		de a description of the o	_	lections and e	xplain how	they furt	her the	e organız	zation's ex	xempt purp	ose in		
5	Part X	(III g the year, did the orga	anization collect o	r receive dona	ations of art	historic	al troa	curec or	other cim	ular			
3		s to be sold to raise fun								illai	☐ Yes	. 🗆 1	No
Pai	t IV	Escrow and Custo Complete if the org X, line 21.			on Form 9	90, Part	: IV, lı	ıne 9, o	r reporte	ed an amo	unt on Fo	orm 990	, Part
1a	Is the	organization an agent,	, trustee, custodia	an or other in	termediary	for contri	bution	s or othe	er assets	not			
	ınclud	led on Form 990, Part >	Χ?								☐ Yes	: 🗆 I	No
Ь	If "Ye	s," explain the arrange	ement in Part XIII	and complete	the follow	na table				-	Amount		_
С		ning balance							1c				
d	Addıtı	ons during the year							1d				_
е	Dıstrıl	butions during the year	r						1e				
f	Endın	g balance							1f				
<b>2</b> a	Did th	ne organization include	an amount on Fo	rm 990, Part	X, line 21, f	or escrov	v or cu	ıstodıal a	ccount lia	ability?	☐ Yes	: 🗆 I	No
b	If "Ye	s," explain the arrange		Check here i	f the explar	nation ha	s been	provide	d in Part :	XIII			
Pa	rt V	Endowment Fund		iorod "Voc"	on Form O	00 Dar	· T\ /	no 10					
		Complete If the org	gariization answ	(a) Current		) Prior yea			ears back	(d) Three ye	ears back (	e) Four ye	ars back
1a	Beginn	ing of year balance .		(,	6,383		6,719	,		,	`		
b	Contrib	outions											
С	Net inv	estment earnings, gain	ns, and losses		1,206		-269						
d	Grants	or scholarships	•										
е		expenditures for facilitie ograms	es										
f	Admını	strative expenses .			72		67						
g	End of	year balance			7,517		6,383						
2		de the estimated percer	-	•	alance (line	a 1g, colu	mn (a	)) held a	s				
а		l designated or quasi-ei	ndowment > :	100 000 %									
b		anent endowment 🟲											
С		orarily restricted endov			,								
<b>3</b> a	Are th	ercentages on lines 2a, nere endowment funds				hat are h	ield an	ıd admın	stered fo	r the			
	-	nzation by prelated organizations									3a(	(i) Yes	No
	` '	elated organizations .									3a(		No
b		s" on 3a(II), are the rel									. 3	ь	
4	Descr	ibe in Part XIII the inte			s endowme	nt funds					'		
Pai	t VI	Land, Buildings, a Complete if the org			on Form 9	90. Part	· TV. li	ine 11a.	See Fo	rm 990. Pa	art X. line	<b>-</b> 10.	
	Descri	ption of property	(a) Cost or oth (investme	ner basis (	( <b>b)</b> Cost or ot					depreciation		l) Book val	ue
1a	Land												
b	Buildin	gs											
c	Leaseh	old improvements											
d	Eauipm	nent					1,409			540			869

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

869

	(Form 990) 2019					Page <b>3</b>
Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990,	Part IV Ju	ne 11h	See Form 990 F	Part X line	12
	(a) Description of security or category	(b)	110	(c) Metho	d of valuation	n
	(including name of security)	Book value		Cost or end-of	year marke	t value
(1) Financia	al derivatives					
	held equity interests					
( <b>3)</b> Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Part VIII	Investments—Program Related.	<b>•</b>				
	Complete if the organization answered 'Yes' on Form 990,	Part IV, lı	ne 11c		Part X, line	e 13.
	(a) Description of investment			(b) Book value		nod of valuation nd-of-year market
					2032 01 01	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX	on (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets.		•			
Turcix	Complete if the organization answered 'Yes' on Form 990,	Part IV, lır	ne 11d.	See Form 990, Par		
/4)	(a) Description					<b>b)</b> Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total (Colu	ımn (b) must equal Form 990, Part X, col (B) line 15 )				<b>•</b>	
Part X						
	Complete if the organization answered 'Yes' on Form 990,  (a) Description of liability		ne 11e	or 11f.See Form	990, Part	X, line 25. (b) Book value
1. (1) Federal	Income taxes	Ly				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25 )					
	or uncertain tax positions In Part XIII, provide the text of the footnot					
organization	s's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	text of	the footnote has be	en provided	lın Part XIII

Schedule D (Form 990) 2019

Pal		zation answered 'Yes' on Form 990, Pari		•	keturn.	
1		upport per audited financial statements .			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII ) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line <b>2e</b> from line <b>1</b> .				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line <b>1</b>				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b   .	4a			
b	Other (Describe in Part XIII ) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4	. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem			r Return.	
	·	zation answered 'Yes' on Form 990, Pari			1.1	
1	·	dited financial statements			1	
2	Amounts included on line 1 but no		1	I		
а		ties	2a		_	
b	Prior year adjustments		2b			
С	Other losses		<b>2</b> c		_	
d	Other (Describe in Part XIII ) .		2d			
е	Add lines 2a through 2d		•		2e	
3					3	
4	Amounts included on Form 990, F	art IX, line 25, but not on line 1:				
а	·	d on Form 990, Part VIII, line 7b	4a			
b			4b		_	
С	Add lines <b>4a</b> and <b>4b</b>				4c	
5		c. (This must equal Form 990, Part I, line 18	) .		5	
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			ırt V, line 4,	Part X, line 2, Part
	Return Reference		Ex	planation		
See /	Addıtıonal Data Table					

Page **4** 

Page <b>5</b>		Schedule D (Form 990) 2019		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		
	<u> </u>			

Schedule D (Form 990) 2019

## **Additional Data**

Software ID: Software Version:

AH COUNTY

**EIN:** 41-2233874

Name: ALLIANCE FOR THE SHENANDOAH VALLEY

## Supplemental Information

Supplemental Information					
Return Reference	Explanation				
SCHEDULE D, PAGE 2, PART V, LINE 4	THE ENDOWMENT FUND HELD WITH SHENANDOAH COMMUNITY FOUNDATION IS INTENDED TO PROVIDE INCOME FOR FUTURE PERIODS TO HELP FURTHER THE ORGANIZATION'S PROGRAM ACCOMPLISHMENTS IN SHENANDO				

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -					DL	N: 934932230160	00
Note: To capture the full	content of this do	ocument, please se	lect landscape mode	: (11" x 8.5") whe	en printing.				
Schedule I		Cronto and C	har Assistanc	o to Organia	otiono			MB No 1545-0047	
(Form 990) Grants and Of								2019	
			and Individuals					<b>401</b> 7	
	Coi	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.			Open to Public	
Department of the Treasury		► Go to www	w.irs.gov/Form990 for		on.			Inspection	
Internal Revenue Service		r <b>c</b> o to <u>mm</u>	101	the latest information	····				
Name of the organization	SALLVALLEV					E	mployer identific	ation number	
ALLIANCE FOR THE SHENANDO	JAH VALLEY					4	1-2233874		
Part I General Infor	mation on Grants	and Assistance							_
the selection criteria use  Describe in Part IV the of  Part II Grants and Other	d to award the grants organization's procedur or Assistance to Dom	or assistance? es for monitoring the us	e of grant funds in the Un  of Domestic Governme	ited States	for the grants or assistance rganization answered "Yes"	ŕ	90, Part IV, line		No
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		escription of th assistance	(h) Purpose of gran or assistance	t
(1) SHENANDOAH VALLEY BATTLEFIELDS FOUN PO BOX 897 NEW MARKET, VA 22844	54-2007460	501C3	7,500					CONSERVATION	
2 Enter total number of se	ction 501(c)(3) and go	vernment organizations	listed in the line 1 table .				. ▶		
3 Enter total number of ot	her organizations listed	d in the line 1 table					▶		_
For Paperwork Reduction Act No	tice, see the Instruction	ns for Form 990.		Cat No 50055	5P		Sch	edule I (Form 990) 2019	

chedule I (Form 990) 2019  Part III Grants and Other Assistance to Part III can be duplicated if additional part III can be duplicated.		Complete if the organization	answered "Yes" on For	m 990, Part IV, line 22	Page <b>2</b>
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1)					
2)					
)					
)					
)					
)					
)					
Part IV Supplemental Informa	tion. Provide the informa	ition required in Part I,	ine 2; Part III, colum	nn (b); and any other additiona	al information.

Schedule I (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS					DLN:	93493223016000
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Complete to pro Form 990 o ▶ Go to <u>u</u>	ovide information fo or 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 r responses to specific questi ide any additional informatio n 990 or 990-EZ. 90 for the latest information.	ons on n.	OMB No 1545-0047  2019 Open to Public Inspection
Namel Brtherofg ALLIANCE FOR THE 990 Schedule	SHENAN		n		Employer identi 41-2233874	fication number
Return Reference				Explanation		
FORM 990, PAGE 2, PART III, LINE 4A	RUM) I CLEAN , EDUC RAL CI S MOS F PRO NDS TI EAN D T IS TH TION A EDERI THE IM ES TH, OSTEF LENTII G ECC , CULT L ISSU	ENVISIONS A SHENANDOA STREAMS AND RIVERS, A CATE, AND CONNECT PEO HARACTER OF THE SHENATICONIC LANDSCAPES, RITECTION WITH HEADWATO THE WEST AND SHENAM SHENAM SECTORS OF CK, PAGE, ROCKINGHAM, MPORTANT WORK OUTLINIST RESPECT THE VALLEY'S RING LAND AND WATER COFUL WATER, PROTECTED HOMIC DEVELOPMENT THIVATING AN ACTIVE, EDUC	AH VALLEY WHERE TO AND THRIVING COMPLE TO CONSERVE ANDOAH VALLEY VIRECH IN EXTRAORDING FOR SON THE VALUE OCAL FARMING ECONSERVICE AREA SHENANDOAH AND ED IN OUR MISSION S NATURAL AND CUNSERVATION THROUGH AND FORESTHAT IS IN KEEPING WOATED, AND INFORM TOUR WEBSITE, SH	SHED IN 2018 (PREVIOUSLY IN THE WAY OF LIFE IS SUSTAINED IN THE NATURAL RESOURCES, OR RGINIA'S SHENANDOAH VALLIARY NATURAL AND HISTORICALLION ACRE GEORGE WASHARK TO THE EAST, THE SHENDOMY, AND THEY SUPPORT COVERS SIX COUNTIES IN THE WARREN - AND THE CITIES A BY PROMOTING LAND USE AND TOUGH PROJECTS AND PROGENAND AND PRESERVED CULT ITH THE VALLEY'S UNIQUE COED PUBLIC, AND MOBILIZING ENANDOAHALLIANCE ORG, TO THE COURT ORGENANDOAHALLIANCE ORG.	ED BY RURAL LAI ISSION IS TO ADV CULTURAL HERIT EY IS ONE OF OLE C RESOURCES D INGTON NATION. ANDOAH RIVER IS ALSO SUPPLY THRIVING OUTD IS VALLEY - AUG IND TOWNS WITH ND TRANSPORTA RAMS THAT ENSU URAL RESOURC HARACTER AND CITIZENS ON RE	NDSCAPES, /OCATE TAGE, AND RU JIR NATION' ESERVING O AL FOREST LA PROVIDES CL WATER THA OOR RECREA USTA, FR IIIN WE DO ITION POLICI MUNITIES, F JIRE CLEAN AND P ES, SUPPORTIN RESOURCES GIONA

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Reference

FORM 990,	THE FORM 990 IS PREPARED BY STAFF WITH THE ASSISTANCE OF AN INDEPENDENT CPA, REVIEWED BY T
PAGE 6,	HE ORGANIZATION'S EXECUTIVE DIRECTOR AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS
PART VI,	, AND THEN MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS PRIOR TO BEING FILED WITH THE INT
LINE 11B	ERNAL REVENUE SERVICE

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PAGE 6, PART VI, LINE 12C	ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST EACH YEAR WHEN THEY COMPLETE THE ANNUAL CONFLICT OF INTEREST FORM THE GOVERNANCE COMMITTEE REVIEWS ANY P OTENTIAL CONFLICTS AND, IF NECESSARY, BRINGS THEM TO THE FULL BOARD FOR DISCUSSION IN ADD ITION, PROSPECTIVE NEW BOARD MEMBERS ARE VETTED BY GOVERNANCE COMMITTEE AND STAFF BEFORE B EING ASKED TO JOIN THE BOARD NEW BOARD MEMBERS RECEIVE A BOARD MEMBER ORIENTATION PRIOR T O THEIR FIRST BOARD MEETING WHERE THEY BECOME FAMILIAR WITH THE ORGANIZATION'S POLICIES AN D PROCEDURES, INCLUDING THE CONFLICT OF INTEREST POLICY

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Reference

ľ	FORM 990,	THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD'S EXECUTIVE COMMITT
	PAGE 6,	EE AND APPROVED BY THE BOARD AS PART OF THE BUDGETING PROCESS SALARY SURVEYS FOR NON-PROF
	PART VI,	IT CONSERVATION ORGANIZATIONS AND PAY- SCALES FOR SIMILAR ORGANIZATIONS IN THE REGION ARE
	LINE 15A	CONSULTED IN DETERMINING THE ORGANIZATION'S STAFF SALARIES

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FORM 990, PAGE 6, EVIEWED BY THE EXECUTIVE COMMITTEE, AND APPROVED BY THE BOARD AS PART OF THE BUDGETING PRO
PART VI, CESS SALARY SURVEYS FOR NON-PROFIT CONSERVATION ORGANIZATIONS AND PAY-SCALES FOR SIMILAR ORGANIZATIONS IN THE REGION ARE CONSULTED IN DETERMINING THE ORGANIZATION'S STAFF SALARIES

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FORM 990. GOVERNING DOCUMENTS OF THE ORGANIZATION ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST OF. AND APPROVAL BY, MANAGEMENT AND THE BOARD OF DIRECTORS

PAGE 6. PART VI. LINE 19