# Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

	roi uie	2010 Calefidat year, or tax year beginning , 2010, tilld cr	ung		,							
В	Check if	applicable: C Name of organization SHENANDOAH COMMUNITY FOUNDATION		D Employ	er identification number							
	Address				54-1963011							
	Name ch	Ange Number and street (or P.O. box if mail is not delivered to street address) Room	n/suite	E Telepho	ne number							
	Initial ret	rn P.O. Box 31			540-459-7737							
	Final retur	viterminated City or town, state or province, country, and ZIP or foreign postal code										
	Amended	return Woodstock, Virginia 22664		G Gross re	ecelots \$ 1,313,892							
	Applicati	on pending F Name and address of principal officer:	H(a) Is this a	– group return for	subordinates? 🗌 Yes 🗹 No							
		Jeffrey A. Dalke	H(b) Are all	subordinate	s included? 🗌 Yes 🔲 No							
ī	Tax-exer	npt status:	, lf "I	No," attach a	a list. (see instructions)							
J	Website	www.ShenandoahCF.org	H(c) Group	exemption	number ►							
ĸ	Form of o	rganization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of for	mation: 1999	M State	of legal domicile: VA							
P	art I	Summary		•	-							
	1	Briefly describe the organization's mission or most significant activities:										
e		reas. In 2	016, \$152,000									
ä	The Foundation promotes long-term charitable giving in Shenandoah County and surrounding areas. In 2016, \$152,000 in scholarships and grants were awarded and three new funds were in organization or finalized.											
em		Check this box $ ightharpoonup \square$ if the organization discontinued its operations or dispose										
ŏ				1 -	12							
Activities & Governance		Number of independent voting members of the governing body (Part VI, line			12							
es	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	•		0							
X	1	Total number of volunteers (estimate if necessary)		. 6	53							
Act	1	Total unrelated business revenue from Part VIII, column (C), line 12			0							
-	1	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0							
	<del> </del> -	Total and a second seco	Prior Y		Current Year							
	8	Contributions and grants (Part VIII, line 1h)		261,548	285,482							
Revenue	9	Program service revenue (Part VIII, line 2g)		201,040	0							
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	132,058	248,982							
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		132,030 N	246,762							
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	393,606								
_		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			534,464							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		149,188	155,472							
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	· · · · · · · · · · · · · · · · · · ·	0	0							
Expenses	150	, , , , , , , , , , , , , , , , , , , ,		0	0							
ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0 ************************************	0 2 16 2 / / / / / / / / / / / / / / / / / /							
꿃	b	Total fundraising expenses (Part IX, column (D), line 25) ► 1,400	<b>I</b>									
_	1.7	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		40,808	41,709							
	1	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	-	189,996	197,181							
	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of C	203,610	337,283 End of Year							
Sol	20 21 22	Tatal annuts (Dart V. line 40)	<u> </u>									
SSet	20	Total assets (Part X, line 16)		2,846,405 -	3,189,492							
귤	21	Total liabilities (Part X, line 26)		0								
		Net assets or fund balances. Subtract line 21 from line 20		2,846,405	3,189,492							
_	art II	Signature Block										
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s and complete. Declaration of preparer (other than officer) is based on all information of which prer			my knowledge and belief, it is							
		and complete, because of or property (other trial of notify to become of an information of finite prop	rater has any teres									
ο:.												
Sig		Signature of officer	Ü	ate								
He	ere											
		Type or print name and title	le.									
Pa	aid	Print/Type preparer's name Preparer's signature	Date	Check								
	epare		<u> </u>	self-em	ployed							
	se Onl		Fir	m's EIN 🕨								
		Firm's address ▶	Ph	one no.								
Mε	y the IF	S discuss this return with the preparer shown above? (see instructions)			Yes No							

Form 99	
Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
	Check if Schedule O contains a response or note to any line of this 7 dit in
1	Briefly describe the organization's mission:
	Briefly describe the organization's mission:  The mission of the Shenandoah Community Foundation is to promote philanthropy in Shenandoah County and surrounding areas by connecting people who care with causes that matter.
	surrounding areas by connecting people who care with causes that mater.
	Did the organization undertake any significant program services during the year which were not listed on the
2	Did the organization undertake any significant program services during the year when the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ:
	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program  Yes V No
3	Did the organization cease conducting, or make significant changes in now a services?
	251 A1Ce2: • • • • • • • • • • • • • • • • • • •
	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by Describe the organization's program service accomplishments for each of its three largest program services, as measured by Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	
	expenses. Section 501(5)(3) and 501(5)(4) 6 garmanic service reported.  the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and to
4a	(Code: ) (Expenses \$ 49,493 including grants of \$ 45,305) (Total Community Grants Program providing grants to non-profit organizations that benefit Shenandoah County and its residents.
	Community Grants Program providing grants to non-prom organized  2016 grant recipients were:
	2016 grant recipients were:  American Red Cross Sheanandoah Alliance for Shelter  Sheanandoah County Lacrosse Valley Health Shenandoah Memorial Hospital
	American Red Cross Sheanandoah Alliance for Shelter  American Red Cross Sheanandoah County Lacrosse Valley Health Shenandoah Memorial Hospital  Gemeinschaft House Shenandoah County Lacrosse Foundation
	Gemeinschaft House Snenandoah County Library Foundation  Family Promise of Shenandoah County Shenandoah County Library Virginia Cooperative Extension
	Family Promise of Shenandoah County Shenandoah County Library  Healthy Families Shenandoah County SEARCH  Virginia Cooperative Extension
	the state of the s
	Humane Society of Shenandoah County Dolly Parton Imagination Elotary  Mt. Olive & Shiloh UMC Enrich Program Shen-Paco Industries  Mt. Olive & Shiloh UMC Enrich Program Shen-Paco Industries I uke's Backpack Program
	Schultz Theatre Shenandoan valley music restruction
	Spring Forward
	Shonandoah County Dental Clinic Ineane Stenandoan 70.057 (Poyonus \$ 0)
4b	(Code: ) (Expenses \$ 85,842 including grants of \$ 78,857) (Nevertible \$ (Code: ) (Expenses \$ 85,842 including grants of \$ 78,857) (Nevertible \$ (Code: ) (Expenses \$ 85,842 including grants of \$ 78,857) (Nevertible \$ (Code: ) (Expenses \$ 85,842 including grants of \$ 78,857) (Nevertible \$ (Code: ) (Code: ) (Expenses \$ 85,842 including grants of \$ 78,857) (Nevertible \$ (Code: ) (Co
	and other neckegeondary School Sullulai Silly to
	Scholarship Programs providing college and other post-section of the following funds:  graduates: 2016 scholarships were awarded from the following funds:  Shenandoah Scholars  Helene Albright Scholarship  Donald and Mary Womble Scholarship
	Shenandoah Scholars Helene Albright Scholarship Dogald and Mary Womble Scholarship
	Marge Moyers Memorial Scholarship Giver Ontdom Society Scholarship Finel L. Wisman Scholarship
	4-H Dairy Club Scholarship Doris F. Knicely Scholarship
	Michael Morehead Memorial Scholarship defenty W. Good Scholarship
	JOSSICA PHILIDINES MICHOLOGICAL CONTRACTOR C
	(.O)(O)( ). L(((Q))(OO) ((O))(O)
	Harry H. Combs Memorial Scholarship
	Aussell Adams Fort Valley Scholarship Bonnie Gochenour Scholarship  John C. Copp Scholarship Ches Alumni Scholarship  John C. Copp Scholarship Ches Alumni Scholarship
	John C. Copp Scholarship Curtle Willey Warrior Scholarship
	John C. Copp Scholarship   One Control of
40	C (Code: ) (Expenses \$ 30,474 including grants of \$ 27,507) (revende \$ Grants from restricted and unrestricted funds providing grants for purposes other than community grants and post-secondary
	Grants from restricted and unrestricted tands grants as a second process of the second p
	school scholarships: Susan P. Massie Theatre Scholarship Fund John Duncan William C. "Ches" and Evelyn E. Lambert Memorial Fund John Duncan Wilburn Adventure Scholarship Fund
	Susan P. Massie Theatre Scholarship Fund William C. "Ches" and Everyll E. Campet Theorem  Susan P. Massie Theatre Scholarship Fund  John Duncan Wilburn Adventure Scholarship Fund  Unrestricted Grants Fund
	Children's Initiatives Fund  Curlis L. Groves Jr. Fund  Curlis L. Groves Jr. Fund  Curlis L. Groves Jr. Fund  General Endowment Fund
	Curtis L. Groves Jr. Fund Unrestricted Grants : une Shenandoah County Free ClinicDr. Charles Miller Fund General Endowment Fund
	Shannon Musical Heritage Fund  Dr. John and Elizabeth Cottrell Fund
	Betricia French Family Fund
	Other area conject (Describe in Schedule U.)
4	/Exposes \$ nincluding grants or \$
	te Total program service expenses ► \$165,809 Form 990 (20
-	iv remarkable and the second s

Part I	V Checklist of Required Schedules	Т,	/es	No
	- 204 YOU - 4047(aV1) (other than a private foundation)? If "Yes,"	-		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		/_	
	complete Schedule A	2 .	/	
2	complete Schedule A.  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	- 1	,
3	Did the organization engage in direct of indirect Political C. Part I	3		<u>√</u>
	The property of the property o			,
4	Section 501(c)(3) organizations. Did the organization engage with a section for the tax year? If "Yes," complete concerns that receives membership dues,	4		<u>√</u>
	election in effect during the tax year? If "Yes," complete Schedule C, 1 at 11.  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Is the organization as section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, Is the organization as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives methods below that receives method that receives method organization are received method organization that receives me			,
	assessments, or similar amounts as defined in the same	5		<u> </u>
	Part III	}		}
6	Did the organization maintain any donor advised funds or any similar funds of accounts? If have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		1	
	have the right to provide advice on the distribution of the distri	6	<u> </u>	
	"Yes," complete Schedule D, Part I	_		
7	Did the organization receive or hold a conservation easement, including casonians of the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II the environment, historic land areas, or historic structures? If "Yes,"	7		<del>                                     </del>
	the environment, historic land areas, or historic structures? " res, semples of the environment, historic land areas, or historic structures? " res, semples of the environment, historic land areas, or historic structures? " res, semples of the environment, historic land areas, or historic structures? " res, semples of the environment, historic land areas, or historic structures?" If "Yes," Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," [			,
8	Did the organization maintain collections of works of a state of the collections of the collect	8		<b>/</b>
	complete Schedule D, Part III	1		}
9				1
	debt negotiation services? If "Yes," complete Schedule D, Part IV .	9		+
	debt negotiation services? If "Yes," complete Schedule D, Fart V.  Did the organization, directly or through a related organization, hold assets in temporarily restricted  Did the organization, directly or through a related organization, hold assets in temporarily restricted		✓	
10	Did the organization, directly or through a related organization, note assets in temperature of the organization, note assets in temperature of the organization, note assets in temperature organization, note as the organization organization organization organization organization, note as the organization organizati	10	<u> </u>	<del> </del>
	endowments, permanent endowments, or quasi-endowments? If Yes, complete Schedule D, Parts VI, If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	ļ		
11	If the organization's answer to any of the following 4.5 VII, VIII, IX, or X as applicable.	1		
	pid the expeniention report an amount for land, buildings, and equipment in a second and amount for land, buildings, and equipment in a second and a second a second and a second a second and a second a second and a second and a second and a second and a second a second and a second a second and a second a second and a second a second and a second and a second and a second and a s			1
а	complete Schedule D, Part VI	11a		+
	complete Scriedule D, Fait VI			1
b	Did the organization report an amount for investments—other securities in Part VII	11b		<del>                                     </del>
	of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X, line 13 that is 5% or more Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	ادمها		1
С	Did the organization report an amount for investments—program related in Part X, into the organization report an amount for investments—program related in Part X, incomplete Schedule D, Part VIII	11c		<del>                                     </del>
_1		11d		1
d	Point the organization report an amount for other assessment of the reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  The point an amount for other assessment in the property of the part X is a 152 if "Yes," complete Schedule D, Part X	11a	<del> </del>	1
		<u>                                    </u>	-	+
	Did the organization report an amount for other liabilities in Part X, line 23? If 763, our place of the day year include a footnote that addresses for the organization's separate or consolidated financial statements for the tax year include a footnote that addresses fold the organization's separate or consolidated financial statements for the tax year include a footnote that addresses for the organization's separate or consolidated financial statements for the tax year include a footnote that addresses for the organization's separate or consolidated financial statements for the tax year include a footnote that addresses for the organization's separate or consolidated financial statements for the tax year include a footnote that addresses for the organization's separate or consolidated financial statements for the tax year include a footnote that addresses for the organization or the organization of the organization of the organization of the organization or the organization of the organizat	11f		1
	f Did the organization's separate or consolidated financial statements for the tax year included a technique of Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete schedule D, Part X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete schedule D, Part X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X the organization of the tax year? If "Yes," complete Schedule D, Part X the organization of the tax year? If "Yes," complete Schedule D, Part X the organization of the tax year? If "Yes," complete Schedule D, Part X the organization of the tax year?	<del>  ' ''</del>	-	+*
, .	the organization's liability for uncertain tax positions under Fit 46 (AGC 149). The tax year? If "Yes," complete Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Did the organization obtain separate, independent audited financial statements for the tax year?	12a	1	1
12 8	Schedule D, Parts XI and XII	120	+	+*
	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If  Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b	1	1
I		13	1	7
13	- I described in contion 17(1/h)(1)(A)(II) (II Test complete concession =	14a	$\top$	<del>'</del>
13 14 a	Is the organization a school described in Section 170(5)(7)(7) (1) Is the organization maintain an office, employees, or agents outside of the United States?	1	+-	┤ <u>;</u>
	a Did the organization maintain an office, employees, or agents outside of the office of the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, b Did the organization have aggregate revenues activities outside the United States, or aggregate	1		
ı	b Did the organization have aggregate revenues or expenses of more than \$\$\text{\$\tex{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$	14b		✓
	fundraising, business, investment, and program service activities outside the	· · · ·	+-	_
15	foreign investments valued at \$100,000 or more? If res, complete solutions or other assistance to or Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		1
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants of other destation.  for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		1	
16	Did the organization report on Part IX, column (A), life 3, those wild E Parts III and IV.	16	1	✓
,0	assistance to or for foreign individuals? If 103, our respect for professional fundraising services on		T	
17	Did the organization report a total of more than \$15,000 of expension of expensions of	17		✓
1.7	Did the organization report a total of more than \$15,000 or expenses for professional fundamental Did the organization report a total of more than \$15,000 or expenses for professional fundamental Did the organization report a total of fundamental Did total Did total Office Science (See Instructions)			1
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II see included and contributions on Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		
,5	Did the organization report more than \$15,000 total of fundraising event gross income grown grow			
19	testing report more than \$15,000 of gross income nom gaming	19		
	Will I consoloto Schodule G. Part III	E.	0	90 (20

Part I	V Checklist of Required Schedules (continued)		Yes	No
_		20a		<b>/</b> _
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20b		
b			,	
		21	<u> </u>	<del> </del>
	Did the organization report more than \$5,000 of grants or other assistance to or local difference of the definition of the complete Schedule I. Parts I and III	22	✓_	-
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation or the organization's current and former officers, directors, trustees, key employees, and highest compensated organization's current and former officers, directors, trustees, key employees, and highest compensated	23		<b>/</b>
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of the standard of the standard of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b 24c		1
	to defease any tax-exempt bonds?	24d		<b>▼</b>
d 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organization for the section 501(c)(3), 501(c)(4), and 501(c)(29) organization for the section 501(c)(3), 501(c)(4), and 501(c)(29) organization for the section 501(c)(29).	25a		\ <u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disquamed personnel in the organization with a disquamed personnel is the organization aware that it engaged in an excess benefit transaction with a disquamed personnel is the organization aware that it engaged in an excess benefit transaction with a disquamed personnel is the organization aware that it engaged in an excess benefit transaction with a disquamed personnel is the organization aware that it engaged in an excess benefit transaction with a disquamed personnel is the organization aware that it engaged in an excess benefit transaction with a disquamed personnel is the organization aware that it engaged in an excess benefit transaction with a disquamed personnel is the organization as a second personnel is the organization as a second personnel is the organization as a second personnel is the organization are the organization as a second personnel is the organization are the organization as a second personnel is the organization are the organization and the organization are the organization as a second personnel is the organization are the organization and the organization are the organization and the organization are the organization are the organization and the organization are the organization are the organization and the organization are t	25b		<b>/</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, or current or former officers, directors, trustees, key employees, highest compensated employees, and the compensated employees, and the compensated employees, and the compensated employees are compensated employees.	26	-	1
27	Did the organization provide a grant or other assistance to an officer, director, trusted, tr	27	-	✓
28	Was the organization a party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with one of the following party to a business transaction with the following party trespective party transaction with the following party transaction	28a		<b>/</b> _
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28h	,	1
c	An entity of which a current or former officer, director, trustee, or key employee (of a tarmy method).  An entity of which a current or former officer, director, trustee, or key employee (of a tarmy method).	280		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? ", ", os, os of the similar assets, or qualified Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30	-	1
31	Did the organization liquidate, terminate, or dissolve and cease operations: " 100, Company	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25 to the organization under Regulations	32	2	<b>-</b>
33	Did the organization own 100% of an entity disregarded as Separate in the organization own 100% of an entity disregarded as Separate in the organization own 100% of an entity disregarded as Separate in the organization own 100% of an entity disregarded as Separate in the organization own 100% of an entity disregarded as Separate in the organization own 100% of an entity disregarded as Separate in the organization own 100% of an entity disregarded as Separate in the organization of the organization own 100% of an entity disregarded as Separate in the organization of the organizati	33	3	<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity: ", ", os, ostion 512/b)(13)?	35		1
35a I	of "Yes" to line 35a, did the organization receive any page 18 "Yes" complete Schedule R, Part V, line 2	35 e	b	_
36	Section 501(c)(3) organizations. Did the organization that the control of the con	3	6	1
37	Did the organization conduct more than 5% of its activities through an entity was a positive strength of the s	13	7	
38	Part VI.	d a	8	<b>990</b> (20

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<del>: :</del> -	Yes	No.
	1 1	-		<del></del>
1a	Enter the number reported in Box 3 of Form 1090. Enter 101 in not applicable		-	
b		[	1	
C	not the exemption comply with packing withingolding rules for reportable payment	1c	1	
	table serving (gombling) winnings to prize Winners:			
2a				
		2b	ļ	
b				
~	(IIII and the and the departer than 2011 Will Illay be required to 5 1110 (4 5 5 1110)	За		1
За		3b		<u> </u>
b		-35		<del></del>
4a		. [		
70	At any time during the calendar year, did the organization have an interest in, or designation of the calendar year, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account, or other financial over, a financial account in a foreign country (such as a bank account, securities account in a financial account in a foreign country (such as a bank account	4a		1
	account)?	- <del>4</del> a		<del></del>
b		(	l	
ь	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		ł	
	(FBAR).	5a		/
6		5b	<del></del>	17
5a				<del>                                     </del>
b	Did any taxable party notiny the organization that it was on to party the party of	5c		-
C				1
6a		6a_		<del>                                     </del>
h	organization solicit any contributions that were not tax deductions as of attacks or a solicit any contributions that were not tax deductions as of attacks or a solicit any contributions or if "Yes," did the organization include with every solicitation an express statement that such contributions or		ĺ	
Ь	no	6b	<u> </u>	<del> </del>
-		<b>i</b> '		
7	Organizations that may receive deductible contributions under section receive a payment in excess of \$75 made partly as a contribution and partly for goods Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<b>.</b>		ł
а		7a	<del>                                     </del>	┼──
		7b	✓	-
b	If "Yes," did the organization notify the donor of the value of the goods of sections by the donor of the value of the goods of sections and the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	۱ ـ.		
C	required to file Form 8282?	7c	├	- <u>v</u>
	c coop fled during the year	┥		1
đ		7e	╁	1
е	Did the organization receive any funds, directly or indirectly, to pay promise a personal benefit contract? .  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  Did the organization file Form 8899 as required?	7f	┼	✓
f	Did the organization, during the year, pay premiums, directly of indirectly of indirec	7g	┼	<del> </del>
g	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	—	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, boats, airplanes, or other ventions, did the organization received a contribution of cars, and the organization received a contribution received			1,
8	sponsoring organization have excess business holdings at any time during the year?	8	┼	<b>√</b>
9		9a		1
а	and a second color make a distribution to a dollor, dollor darrior,	9b	+-	+
b	Did the sponsoring organization trake a distribution to a distribution of the sponsoring organization Enter:		1	
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12  Initiation fees and capital contributions included on Part VIII, line 12	4	ļ	
a	Initiation fees and capital contributions included on Fait VIII, line 12, for public use of club facilities . 10b	4	1	1
b	Gross receipts, included on Form 990, Fait viii, into 12, 13, Fait viii, into 12, Fait vii		-	
11	Section 501(c)(12) organizations. Enter:	4		
ā				
k	against amounts due or received from them.)	ᆀ	İ	1
		128	a _	
128	Section 4947(a)(1) non-exempt charitable trusts, is the digramment of the year	_		
i	If "Yes," enter the amount of tax-exempt interest research issuers.		_	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13	<u>a  </u>	
	Section 501(c)(29) qualified nonprofit freath the first that the control of the c		l	
	Note. See the instructions for additional information the organization must report the states in which be Enter the amount of reserves the organization is required to maintain by the states in which the states in which the states are stated to the sta	Ì	1	1
1	the organization is licensed to issue qualified health plans	_		
			_ -	<del>-  - ,</del>
	c Enter the amount of reserves on hand	14		
14	<ul> <li>Enter the amount of reserves on nand</li> <li>Did the organization receive any payments for indoor tanning services during the tax year?</li> <li>If "Yes" has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</li> </ul>	14		
• •	to 15 "Voc." has it filed a Form 720 to report these payments? II No. provide an applications	F	orm 9	90

om 990	(2016) Live 1 responses to lines 2 through 7h below, a	ind fo	or a	"No"
art V	(2016)  Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e insti	ructio	ons.
	Check if Schedule O contains a response or note to any line in this year way			
ectio	n A. Governing Body and Management		Yes	No
	1a 12			
i	if there are material differences in voting rights among members of the governing body delegated broad authority to an executive committee or similar			
ь 2	Enter the number of voting members included in line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		✓
3	any other officer, director, trustee, or key employees to a management company or other person?	3		<b>√</b>
4	Did the organization make any significant changes to its governing documents since the programization assets?  Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6 7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		✓
b	one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings had a three	8a 8b	1	_
a b 9	Each committee with authority to act on benalt of the governing body.  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at its there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at its there are not addresses in Schedule O.	9		<b>/</b>
	the organization's mailing address? If "Yes," provide the names and addresses in the Internal Revenon B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	No
Secti		10a	-	1
10a b	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, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	+	
440			† <u> </u>	+
11a b		12a	<b>√</b>	
12a b	Did the organization have a written conflict of interest and to disclose annually interests that could give rise to conflicts?	12b	<del></del>	
C	Did the organization regularly and consistently monitor and emotion complication and emotion complication regularly and consistently monitor and emotion complication and emotion complication regularly and consistently monitor and emotion complication complication and emotion complication complicati	12c		1
13 14 15	Did the organization have a written document retention and decision?  Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining compensation of the following persons include a review and approval by Did the process for determining the process for the following persons include a review and approval by Did the process for the following persons include a review and approval by Did the process for the following persons in the process for the process	14 15a		\ \ \
a b	The organization's CEO, Executive Director, or top management officials.  Other officers or key employees of the organization.  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15k	-	<b>✓</b>
16a	Did the organization invest in, contribute assets to, or partial the organization to evaluate its with a taxable entity during the year?	1	a   -	
	participation in joint venture arrangements organization's exempt status with respect to such arrangements?	16	b	
Sec	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►  List the states with which a copy of this Form 990 is required to be filed ►  List the states with which a copy of this Form 990 is required to be filed ►	on Er	11/01/	3)9 0
17 18	List the states with which a copy of this Form 930 is focus 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization for properties and prope			
19	Own website Another's website Ophinequest Schedule O whether (and if so, how) the organization made its governing documents, conflict of its processing in Schedule O whether (and if so, how) the organization made its governing documents, conflict of its processing in Schedule O whether (and if so, how) the organization made its governing documents, conflict of its processing in Schedule O whether (and if so, how) the organization made its governing documents, conflict of its processing in Schedule O whether (and if so, how) the organization made its governing documents, conflict of its processing in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documents in Schedule O whether (and if so, how) the organization made its governing documen	ntere:	st po ds:▶	licy,
20	and telephone number of the person who possess	i	Form 9	90 (2

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

ompensated employees; and former such Check this box if neither the organization	II COL ATTY TOTALEC	. 0.90		{C	)						
(A) Name and Title	(B) Average hours per	(do no	Position (do not check more the box, unless person is officer and a director/				ne an ee)	(D)	(E) Reportable compensation from related	(F) Estimated amount of other	
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
	14							ł			
(1) Jeffrey Dalke		✓_		✓		_	L	0	0		
President and Director (2) Jacob Haun, Jr.						ŀ			J		,
Vice President and Director	2	1	<u> </u>	✓	<u> </u>			0	<u>'</u>		_
(3) Michael Funk		<b>↓</b> ,		,					ه ا		
Treasurer and Director	10	\ <u> </u>	├—	✓	-	-	╁	<del> </del>			
(4) Patsy Morehead		1		1		}		(	0		
Secretary and Director	2	<del>  '</del> -	-	Ť	!	† –	<del>                                     </del>				
(5) Russell Adams		1				_	<u> </u>		0		
Director	2	1	T	1			T			1	
(6) John Adamson		1 1		<u></u>	L	<u> </u>	_		0 0		
Director	2	1		Τ	T	]					
(7) Jerry Germroth		<b>⊺</b>	Ш.	$\perp$	1_		1		00	<u> </u>	_
Director	2		T		-				n (	,	
(8) David Ferguson Director		✓	_	↓_	4-		-		0 (	):	_
(9) Kevin Finks	2			1	1	\	1	\	0		
Director		<b>\</b>	+-	+				<del></del>	<u> </u>		
(10) Adele Skolits		- ,					1		0	o	
Director			+	+-	╁	+-	╁	<del></del>			
(11) Michael Dorman	2	- /		1	-		ļ	İ	0	0	
Director		<del>†</del>	+	+	十	$\top$	1				
(12) Karl Roulston	2	- /							0	0	
Director			1					]			
(13)					1		_				
(14)			Ţ		1	1			1		

art V	Section A. Officers, Directors, Trust				,,-	,					(F)	
	(A)	(B)	(do no	nt ch	Posi eck r	nore	than or	ne	( <b>D)</b> Reportable	(E) Reportable	Estimated	
	Name and title	Average hours per	box, t	nles.	s per	rson irecto	is both a or/truste	an   He)	compensation	compensation from	amount of other	
		week (list any							from the	related organizations	compensatio	n
		hours for related	divid	stitu	Officer	ay er	nploy ghes	Former	organization	(W-2/1099-MISC)	from the organization	1
		organizations below dotted	ctor	li j		Key employee	8 5	7	(W-2/1099-MISC)	ļ	and related organization	
		line)	Individual trustee or director	Institutional trustee		8	nper				Organization	3
			8	stee			Highest compensated employee					
•			<u> </u>		-	-						
??				-		-						
3)					_						<del> </del>	
7)												
3)			-									
		<del></del>				-						
			<del>  -</del> -	┼	╀	-		_				
<u>)                                    </u>			<u> </u>	1	-	<u> </u>	-					
1)			-					_				
2)		-	-									
3)				1	T							
		<del></del>		╁	+-	+	-	-				
(4)				+	+	_	-	-		<del> </del>		
25)			1_		<u>.</u>			Ļ			0	<u> </u>
1b	Sub-total				•	•		<b>&gt;</b>		0	0	
	Total from continuation sheets to Par	rt VII, Sect	ת ווטו	•	•	•	Ť	•		0	0	
d	Total (add lines 1b and 1c)		ed to	thos	se li	stec	abov	re) v	who received	more than \$100	,000 of	
2	reportable compensation from the orga	HZUGOTT									Yes	s No
_			ector,	or	trus	stee	, key	em	iployee, or hi	ghest compens	ated 3	
3	employee on line 1a? If "Yes," complete	e ocnedare	0.0.							nnonestion from	n the	1
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is to organization and related organization	he sum of	repor	(ab)	e c( i0.0	00? 00?	If "Y	es,	" complete S	chedule J for	such	
	organization and related organization	is greater	4, 104, 1	•							. 4	+*
5	individual  Did any person listed on line 1a receive	or accrue	comp	oen:	satio	on f	rom ai	ny L	inrelated orga	nization or indiv	dual 5	/
_	for services rendered to the organization	)((; ); , OO)		7								
Secti	on B. Independent Contractors  Complete this table for your five highe	st compens	sated	ind	epe	nde	nt con	itra	ctors that rece	eived more than	\$100,000 of	s tax
1	Complete this table for your five highe compensation from the organization.	Report com	pens	atio	n fo	r the	e caler	nda	r year ending	with or within to	le Organization	
	year. (A)							T	(B Description	3	(C) Compensatio	
	Name and business	address					<del></del> . <del>_</del>	+	Description	0.30		
	None							7				
								_				<u></u>
						<del>_</del>	imited	+0	those listed	above) who		
	Total number of independent contra received more than \$100,000 of comp	actors (incl	uaing	, Du e or	เมีย ตลก	or i izati	initeu on ►		0		Form	

Part VIII		Statement of Revenue	a any line in this	Part VIII		<u> </u>
		Check if Schedule O contains a response or note t	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	1a b c d e f g h	Federated campaigns   1a      Membership dues   1b      Fundraising events   1c   26,850  Related organizations   1d      Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f    Business Code	285,482			
8	c		0			
Se l	d		0		-	
Ē	е		- 0			
ogra	f	All other program service revenue .	<del></del>			
<u>ō</u>	g	Total. Add lines 2a-2f				
}	3	and other similar amounts)	52,913		<u>   </u>	52,913
	١.,	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0		<del> </del>	<del></del>
Other Revenue	10	Rental income or (loss)  Net rental income or (loss)  Net rental income or (loss)  Net rental income or (loss)  Net rental income or (loss)  Sees to ther than inventory  Less: cost or other basis and sales expenses  Gain or (loss)  Net gain or (loss)  Gross income from fundraising events (not including \$ 26,850 of contributions reported on line 1c).  See Part IV, line 18  Less: direct expenses  Net income or (loss) from fundraising events  Gross income from gaming activities.  See Part IV, line 19  Less: direct expenses  Net income or (loss) from gaming activities  Net income or (loss) from gaming activities  Rental income or (loss)  O  Net income or (loss)   0 0	0		196,069	
	111	b	de	0		
	ļ		<b>&gt;</b>			248,98
	1	2 Total revenue. See instructions.	534.4	164	1	Form <b>990</b> (201

### Page 10 Form 990 (2016) Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and general expenses (B) Program service Do not include amounts reported on lines 6b, 7b, (A) Total expenses expenses expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 73,721 and domestic governments. See Part IV, line 21 . . . 73,721 Grants and other assistance to domestic 81,751 2 individuals. See Part IV, line 22 . . . . . 81,751 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . 0 Benefits paid to or for members . . . Compensation of current officers, directors, 4 5 trustees, and key employees . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 6 persons described in section 4958(c)(3)(B) . . 0 0 Other salaries and wages . . . . . 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 8 0 Other employee benefits . . . . . 9 0 10 Fees for services (non-employees): 11 0 1,750 Legal . . . . . . . . 1.750 b Accounting . . . . . . 0 C 0 Professional fundraising services. See Part IV, line 17 0 Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column 14,472 10,208 (A) amount, list line 11g expenses on Schedule O.) 24,680 4,225 Advertising and promotion . . . . . . 4,225 1,723 12 1,723 Office expenses . . . . . . 0 13 Information technology 14 0 4,500 4,500 15 Occupancy . . . . . . 0 16 Payments of travel or entertainment expenses 17 18 for any federal, state, or local public officials 0 450 450 Conferences, conventions, and meetings . 0 19 Interest 0 20 Payments to affiliates . . . . . . . . 0 21 Depreciation, depletion, and amortization 1,237 1,237 22 23 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1.400 1,400 1,590 4-H Gallon of Milk Sale 1,590 Dues and Subscriptions b C 25 129 1,400 154 d All other expenses Total functional expenses. Add lines 1 through 24e 29,972 165,809 197,181 Joint costs. Complete this line only if the organization reported in column (B) joint costs 25

from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

rt X	•	Balance Sheet	<u>X</u>	<u></u>	<del></del>	(B)
		Balance Sheet Check if Schedule O contains a response or note to any line in this Part	(A)		1	End of year
			Beginning of year	1	<del> </del>	62,646
		Seeb non-interest-bearing	64,748	2	╂	02,0.0
1		Cash—non-interest-bearing	0	3	┼─	0
2	9	Cash—non-interest-bearing Savings and temporary cash investments	0	$\frac{3}{4}$	┼	0
3	F	Pledges and grants receivable, her	0	4	┼-	
4	Į.	Accounts receivable, net				
5	1	Loans and other receivables from current and tornier officers, Laborated employees.		_	1	0
٦			0	_ 5		
	Č	crustees, key employees, and trightees, complete Part II of Schedule L				
<u> </u>				Ì	1	
6	١	Loans and other receivables from other disquaimed persons (as contributing employers and 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and 4958(f)(1)), persons described in section 501(c)(9) voluntary employees' beneficiary			Ì	
1		4958(f)(1)), persons described in section 4958(c)(3)(B), and continuously 4958(f)(1)), persons described in section 501(c)(9) voluntary employees' beneficiary sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0	6		0
ł		t stand (con inetrictions). Cultipleio t als li al a	0	7		0
<u> </u>		tu- and receivable net	0	8		0
7			0	9		0
8	}	Inventories for sale or use Prepaid expenses and deferred charges Prepaid expenses and deferred charges				
9			1	\	1	
110	)a	they basis Complete Part VI of Contact	1	10	)c	0
-		the depreciation	2,781,657			3,126,846
1	b	Less: accumulated depreciation		1	2	0
1.	1	Investments—publicly traded soon.			3	C
1:	2				4	(
1:	3	Investments—program-related. See Part 17, 11/10			5	(
1	4	Investments—program-related. See Fart IV, line 11.  Other assets. See Part IV, line 11.		-	6	3,189,49
1	5	Other assets. See Part IV, line 11	2,846,40	~	7	(
1	6					
_+-	7			<del></del>	18	
- 1	8	مامام المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع		∸+-	19	
- 1	9	Grants payable			20	
- 1	20	Deferred revenue		0	21	
L	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D  Escrow or custodial account liability. And former officers, directors,		l	l	
		loans and other payables to current and employees, and				
<u>. j</u>	22	Loans and other payables to current and former officered, but trustees, key employees, highest compensated employees, and trustees, key employees, highest compensated employees, and trustees, key employees and trustees.			22	
≝∖		trustees, key employees, highest compensated employees, trustees, key employees, highest compensated employees, disqualified persons. Complete Part II of Schedule L		0	23	
Liabilities		disqualified persons. Complete Part II of Garden de Gard		0	24	
	23	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties	1	_		
- 1	24	Unsecured notes and loans payable to unrelated third partial of the liabilities (including federal income tax, payables to related third Other liabilities (including federal income tax, payables to related third Other liabilities not included on lines 17-24). Complete Part 3	<del>;</del>		l	
1	25	Other liabilities (including federal income tax, payables to rolling other liabilities not included on lines 17-24). Complete Part 2 parties, and other liabilities not included on lines 17-24.	`	ol	25	
- 1				0	26	
1		of Schedule D  Total liabilities. Add lines 17 through 25  Total liabilities. Add lines 17 through 25  □ a				
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ a  Organizations of through 29, and lines 33 and 34.	iiu			
\		Organizations that follow SFAS 111 complete lines 27 through 29, and lines 33 and 34.			27	
% \					28	<u> </u>
Net Assets or Fund Balances	27	Unrestricted net assets Temporarily restricted net assets			29	
jar.	28	Temporarily restricted net assets  Permanently restricted net assets  Adalous SEAS 117 (ASC 958), check here   □ a				1
TO TO	29	Permanently restricted net assets .  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ a	nd (		1	1
Ĕ	_	Organizations that do not lollow SI AS THE TOTAL		40-	30	3,189
Ē		complete lines 30 through 34.	2,840	,405		
ō	30	Canital stock or trust principal, or current turios			31	<del> </del>
ets	3	Paid-in or capital surplus, or land, building, or equipment funds .			32	3,189
SS	31	Paid-in or capital surplus, or land, building, or equipment takes Paid-in or capital surplus, or land, building, or equipment takes Retained earnings, endowment, accumulated income, or other funds	2,846	3,40	33	
Ť	3:	2 Retained earnings, endowment, accumulated in the state of the state	2,84	5,40	34	Form <b>990</b> (2
3	3	Total net assets or fund balances  Total liabilities and net assets/fund balances				Four 330 (

		Pag	e 12	
	·	<u> </u>		
			1,464 7,181	
			7,283	
			5.405	
		!	5,804 0	
			0	
_			0	
		3,18	9,492	
		<u> </u>		
		Yes	No_	
ļ	2a	<b>/</b> _		

Form 990 (2016) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . . Total expenses (must equal Part IX, column (A), line 25) 2 1 3 2 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 3 Net unrealized gains (losses) on investments 5 4 6 Donated services and use of facilities 5 7 6 8 7 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . 9 8 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 9 33, column (B)) 10 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . . . . Accounting method used to prepare the Form 990: 🗹 Cash 💮 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? . . . . . 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c 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 If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. Form 990 (2016)

## **SCHEDULE A**

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. (Form 990 or 990-EZ)

OMB No. 1545-0047

Open to Public ➤ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury	b to securation about Sc	hedule A (Form 99	0 or 990-EZ) and its inst	ructions is	at www.in	s.gov/form990.	Inspection	
ntemal Revenue Service		Medulo // (company)			Em	piogo:		
Name of the organization	WEV COUNDATION					54-1	963011	<del>-</del>
SHENANDOAH COMM	UNITY FOUNDATION for Public Charity	Status (All org	ganizations must co	mplete t	nis part.)	ox )	10/10.	_
The organization is no	for Public Charity ot a private foundation	n because it is: (l	For lines 1 through 12	, cneck o 1 in secti:	on 170(b)	(1)(A)(i).		
1 🔲 A church, co	nvention of churches	, or association	och Schedule F (Forn	1 990 or 9	90-EZ).)			
A □ A cobool der	scribed in section 179	U(D)(1)(M)(II)- (^I	2011 00110001-	47	ALVAVAN	an a	arm Fatautho	
3 A hospital of	r a cooperative hospit	nerated in conju	inction with a hospita	1 describe	ed in sect	ion 170(b)(1)(A	()(iii). Enter the	
4 L A medical re	esearch organization came. city, and state:					a governme	ntal unit described	in
5 An organiza	ame, city, and state:	benefit of a co	llege or university ow	ned or o	perateu b	y a governme		
contion 171	IINII TII AIGIVI, TOOIIIPIS	(0   0.14)		_		A16.1		
6 🔲 A federal, st	ate, or local governm tation that normally red	ent or governme	intal unit described in	rt from a	governme	ental unit or fro	om the general pub	MC
a [] A sammuni	ty taust described in S	ection 170(D)(T)	I(M)(AI). (COMbioso : ~	rt II.)		airmation with	a land-grant college	3
9 ☐ An agricultu	ty trust described in sural research organiza	tion described ir	section 170(b)(1)(A)	(ix) opera	ated in cor he name.	city, and state	of the college or	
university:		-iven: (1) more t	han 331/3% of its sup	port from	contribut	ions, members	han 331/3% of its	,
							m businesses	
support tro	the organization after	er June 30, 1975	. See section 509(a)(i	zj. (Comp	e coeffee	500(a)(4).		
and the second second	stion organized and 0	perated exclusiv	ely to took for persons	•		status of orto	carry out the purpo	ses
	: avanniana 200 0	HEIMIEU CAGIUSIY	017 101 01-			CODIAN''	See section 509(a)	)(3). 12a
of and at I	nore bijbijciv suppori	ed organization		aution ord	ıanizati∩n.	and complete	MIC2 150, 151, and .	
Check the	box in lines 12a through A supporting organiz	ation operated,	supervised, or control	led by its	supporte	d organization	(s), typically by givii ustees of the	פי
the cur	norted organization(\$	ite bower to it	and the state of	and B		i		
ALIENA!	ting organization, to	it litrat combin-	<del>-</del> ,				zation(s) NV Navillu	
b 🗌 Type II	I. A supporting organi or management of the	zation supervise	d or controlled in con ranization vested in th	ne same p	persons th	nat control or m	nanage the support	ea
oantro'	i or manadement of ti	te anbbouring out	J			:		
☐ Type I	u functionally integra	ated. A supporti	ng organization oper	ted in co	nnection \ V Section	with, and lunct	i	•
ite eun	norted organization(S	) (See manacion	·•/· · · ·			Ham with ite en	moorted organizatio	onisi
a □ Tyne i	II non-functionally ir	ntegrated. A sup	porting organization	t poticfu a	distributi	on requiremen	t and an attentivene	988
that is	not functionally integ	rated. The organi	Dow N/ Sect	lions A al	nd D. and	l Part V.		
require	ement (see instruction this box if the organi	zation received a	a written determinatio	n from th	e IRS that	it is a Type I,	Type II, Type III	
function	anally integrated, or c	Abe in non rame.						
a Provide the	following information	I about the coppe	(iii) Type of organization	(iv) is the or	rganization	(v) Amount of mon	etary (vi) Amount o other support (s	if see
(i) Name of sup	ported organization	(ii) EIN	(described on lines 1-10 above (see instructions))	listed in you	r governing	support (see instructions)	instructions)	Į.
			above (see instructions)/	7/20	No	ì		
				Yes				
		ļ			ll			
(A)								
(B)		}			<del> </del>			
				1	1	_		
(C)				<del> </del>				
(D)								
(D)		+		1				
(E)	_			<del> </del>	+			
Total		<u> </u>	200 or 000 F7	Cat. I	No. 11285F	Schedu	ile A (Form 990 or 990-E	£Z) 2016

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990 or 990-EZ) 2016 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) (f) Total Section A. Public Support (e) 2016 (d) 2015 (c) 2014 (b) 2013 Calendar year (or fiscal year beginning in) (a) 2012 grants, contributions, Gifts. membership fees received. (Do not 1,401,901 285,482 261 548 293,236 313,179 include any "unusual grants.") . . . 248,456 levied for the revenues Tax 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 1,401,901 261,548 285,482 293,236 313,179 248,456 Total. Add lines 1 through 3. . . . . The portion of total contributions by 5 than person (other each publicly governmental unit or supported organization) included on line 1 that exceeds 2% of the amount 310,689 shown on line 11, column (f) . . . . 1,091,212 Public support. Subtract line 5 from line 4 (e) 2016 (f) Total Section B. Total Support (d) 2015 (c) 2014 (b) 2013 (a) 2012 Calendar year (or fiscal year beginning in) 285,482 1,401,901 261,548 293,236 313,179 248,456 Amounts from line 4 . . . . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 236,687 52,913 49,827 49.040 42,494 42,413 Net income from unrelated business activities, whether or not the business 0 is regularly carried on . . . . . Other income. Do not include gain or loss from the sale of capital assets 0 (Explain in Part VI.) . . . . . . . 1,638,588 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 11 12 organization, check this box and stop here 13 Section C. Computation of Public Support Percentage 66.59 % Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . 14 15 331/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test -2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2016. 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 10%-facts-and-circumstances test-2015. 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

18

# Part III

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	If the organization rails to quality	artaar trib to					
Section	on A. Public Support			(-) 0014	(d) 2015	(e) 2016	(f) Total
Calenc	lar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(a) 2015	(e) 2010	10, 10
1	Gifts, grants, contributions, and membership fees		1			1	
	received. (Do not include any "unusual grants.")					<del>                                     </del>	
^	Cross resolute from admissions, merchandise					[	
	cold or services performed, or facilities ]		ļ .		ļ		
	furnished in any activity that is related to the organization's tax-exempt purpose						
_	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
						\ '	
4	Tax revenues levied for the						
	organization's benefit and either paid				]		
	to or expended on its behalf	<del></del>	<del> </del>		ļ.		
5	The value of services or facilities			1	1		
	furnished by a governmental unit to the				<b>i</b>		
	organization without charge				<del> </del>	<del> </del>	
6	Total. Add lines 1 through 5.		<u> </u>		-		<del></del>
7a	Amounts included on lines 1, 2, and 3		1		i		
•	received from disqualified persons .			ļ <del></del>		<del>- </del>	
h	Amounts included on lines 2 and 3						
D	received from other than disqualified		1	1		[	<u> </u>
	persons that exceed the greater of \$5,000					-	t
	or 1% of the amount on line 13 for the year		İ	<u> </u>			<del>                                     </del>
_	Add lines 7a and 7b	<del></del>				<del> </del>	<del> </del>
	Public support. (Subtract line 7c from			1			
8	line 6.)						<u> </u>
0 -4	on B. Total Support						I (O Tetal
Secti	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6			Ĭ			<del></del>
9						1	}
10a	Gross income from interest, dividends,				1		1
	payments received on securities loans, rents, royalties and income from similar sources .	{	1	1			<b></b>
		<del></del>				Į.	
b	Unrelated business taxable income (less	Í	ľ				
	section 511 taxes) from businesses	ļ	ļ	1			
	acquired after June 30, 1975		<del> </del>	<del></del>			
C	Add lines 10a and 10b		<del></del>				
11	Net income from unrelated business					1	
	activities not included in line 10b, whether	1					
	or not the business is regularly carried on					<del> </del>	
12	Other income. Do not include gain or		Ĭ	i			
	loss from the sale of capital assets	Í				1	1
	(Explain in Part VI.)		_}	<del></del>	+	+	<u> </u>
13	Total support. (Add lines 9, 10c, 11,		1	1			
10	and 12.)			al Alminat for an	th or fifth toy	vear as a sect	ion 501(c)(3)
14	First five years, if the Form 990 is for t	the organizati	on's first, seco	ona, tnira, tour	ui, or mui tax	year as a coo.	▶ 🗀
	organization, check this box and stop no	ere	<u> </u>		<del></del>		
Sect	- CDublic Cuppe	v≠ Darconts	ige	40 - ali man /6	<del> </del>	. 15	%
15		ונו חמונוסס צי	CIVIDED DV III IS	e 13, column (I)	" · · · · ·	16	%
	nulling aumort percentage from 2015 St	cnequie A, Fa	grin, mie io	<u> </u>	· · · · · ·	. 1.01	
<u> </u>						17	%
3eC 17	Investment income percentage for 2010	fillie 100, co	iditiii (i) airtaaa	i by line 13, co	iumi (i))   -	18	%
	Investment income percentage for 2016 Investment income percentage from 20	15 Schedule /	A, Part III, line	17	and line it is	more than 33	1/3%, and line
18	. 331/3% support tests—2016. If the orga	mzauon did i	TOT CHEOK ING A	-ti munlifice s	e a publiciv su	pnorted organiz	ation . ►
19a	331/2% support tests—2016. If the organization is not more than 331/2%, check this bo	x and <b>stop he</b>	<b>re.</b> The organiz	ation qualities a	is a publicity su	16 is more than	n 331/3%. and
	17 is not more than 331/3%, check this bo 331/3% support tests—2015. If the organ	nization did no	t check a box o	on line 14 or lin	e 19a, and line	r io is more dia V cumported ara	anization 🕨 🗆
t	331/3% support tests -2015. If the organ line 18 is not more than 331/3%, check this	s box and sto	<b>p here.</b> The org	janization qualit	les as a public	y supported org	tructions >
,	line 18 is not more than 3313%, check thi Private foundation. If the organization	did not check	a box on line	14, 19a, or 191	o, check this b	ox and see ins	000 000 570 0045
20	Private foundation. If the organization	<u> </u>				Schedule A (Form	990 or 990-EZ) 2016

### **Supporting Organizations** Part IV

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

	and B. If you checked 12b of Part I, complete Sections 7 and 5 and D, and Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and	d complete Part	<u>V.)</u>		
	Sections A, D, and E. If you checked 120 of that if only		1.	<del></del> T	No
Sectio	n A. All Supporting Organizations		-	es	No_
	Are all of the organization's supported organizations listed by name in the organization documents? If "No," describe in Part VI how the supported organizations are designated. If class or purpose, describe the designation. If historic and continuing relationship, explain.		1	_	
2	Did the organization have any supported organization that does not have all the determined that under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that	L	2	_	
3a	Did the organization have a supported organization described in section of the control of the co	(5) or (6) and	Ba		<del>_</del>
	Did the organization confirm that each supported organization qualified in the solution of the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when	1.5	3b		
c	organization made the determination.  Did the organization ensure that all support to such organizations was used exclusively for sect purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such purposes? If "Yes," explain in Part VI what controls the Onited States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organization not organized in the United States ("foreign supported organized in the United States ("foreig	use.	3c		
4a	"Yes," and if you checked 12a of 12b m all and the state of the state	to the foreign	4a		-
b	"Yes," and if you checked 12a or 12b in Part I, answer (u) and (c) below."  Did the organization have ultimate control and discretion in deciding whether to make grants being control organization? If "Yes," describe in Part VI how the organization had such control supported organizations. If "Yes," describe in connection with its supported organizations.	<u></u>	4b		-
c	despite being controlled or supervised by or in controlled with the despetation with the despetation that does not have an IRS Did the organization support any foreign supported organization that does not have an IRS under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization was used exclusively for sect to ensure that all support to the foreign supported organization was used exclusively for sections.	ganization used ion 170(c)(2)(B)	4c	i	
	purposes.	vear? If "Yes,"		- 	
5a	answer (b) and (c) below (if applicable). They substituted, or removed; (ii) the reasons for ea numbers of the supported organizations added, substituted, or removed; (ii) the reasons for ea numbers of the supported organization's organizing document authorizing such action; and (iv) (iii) the authority under the organization's organizing document)	how the action	5a		
b	Type I or Type II only. Was any added or substituted supported organization's organization's confidence of the organization's confidence or substituted supported organization or substituted supported organization or substituted supported organization or substituted supported organization or substituted supported organization or substituted supported organization or substituted supported organization or substituted supported organization or substituted supported organization or substituted supported organization organ	trol?	5b 5c		
6	Substitutions only. Was the substitution the result of an event beyond the organization provide support (whether in the form of grants or the provision of service anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable by one or more of its supported organizations, or (iii) other supporting organizations that benefit one or more of the filing organization's supported organizations? If "Yes," provide details to the organization or the filing organization organization organization organization.	also support or all in Part VI.	6	-	
7	Did the organization provide a grant, loan, compensation, or other similar providers, or a 35% confidence in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% confidence in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% confidence in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% confidence in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% confidence in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% confidence in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% confidence in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% confidence in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% confidence in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% confidence in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% confidence in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% confidence in section 4958(c)(3)(C)), a family member of a substantial contributor in section 4958(c)(3)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)(C)	rolled entity with	7	-	-
8	Did the organization make a loan to a disqualing and an age of 571		8	┼	
9a	Was the organization controlled directly or indirectly at any time dealing and organization discussified persons as defined in section 4946 (other than foundation managers and organization)		9a		
i	in section 509(a)(1) or (2))? If Tes, provide details in line 9a) hold a controlling interest in an	y entity in which	9b	1	
,	the supporting organization had at interest in the supporting organization had at interest in, or derive any Did a disqualified person (as defined in line 9a) have an ownership interest? If "Yes," provide details	personal benefit ail in Part VI.	90	_	
10	from, assets in which the supporting organization subject to the excess business holdings rules of section 4943 be	cause of section	140		
	4943(f) (regarding certain Type in Supporting organizations)? If "Yes," answer 10b below. supporting organizations)? If "Yes," answer 10b below.		10		-
	b Did the organization have any excess business holdings.) determine whether the organization had excess business holdings.)	Schedule A (Form	10 n 990		0-EZ) 20

Part IV  11 a b c Section  1 2	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) pelow, the governing body of a supported organization?  A family member of a person described in (a) above?  A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  In B. Type I Supporting Organizations  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 regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or tax year? If "No," describe in Part VI how the supported organization had more than one supported organization, controlled the organization's activities. If the organization had more than one supported organization, the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11a 11b 11c	Yes	No
b c Section	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) pelow, the governing body of a supported organization?  A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  B. Type I Supporting Organizations  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 regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or tax year? If "No," describe in Part VI how the supported organization had more than one supported organization, controlled the organization's activities. If the organization had more than one supported organization, the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	11b	Yes	No
b c Section	A person who directly or indirectly controls, either dather above.  A person who directly or indirectly controls, either dather above, the governing body of a supported organization?  A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  B. Type I Supporting Organizations  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 regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or tax year? If "No," describe in Part VI how the supported organization, controlled the organization's activities. If the organization had more than one supported organization, the supported describe how the powers to appoint and/or remove directors or trustees were allocated among the tax year.	11b	Yes	No
b c Section	A family member of a person described in (a) above?  A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  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 regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or tax year? If "No," describe in Part VI how the supported organization, controlled the organization's activities. If the organization had more than one supported organization, the supported 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 supported	11b	Yes	No
b c Section	A family member of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  B. Type I Supporting Organizations  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 regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or tax year? If "No," describe in Part VI how the supported organization, controlled the organization's activities. If the organization had more than one supported organization, the supported 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 supported	110	Yes	No
c Section	A 35% controlled entity of a person described in (g) of (a) or n. Type I Supporting Organizations  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 regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or tax year? If "No," describe in Part VI how the supported organization had more than one supported organization, controlled the organization's activities. If the organization had more than one supported among the supported 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 supported		Yes	No
1 2	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 regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or tax year? If "No," describe in Part VI how the supported organization had more than one supported organization, controlled the organization's activities. If the organization had more than one supported among 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 supported		Yes	No
1 2	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 regularly appoint or elect at least a majority of the organization(s) effectively operated, supervised, or tax year? If "No," describe in <b>Part VI</b> how the supported organization, and the organization's activities. If the organization had more than one supported organization, controlled the organization's activities. If the organization or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the supported			
2	regularly appoint of elect at least a majority of the supported organization of elect at least a majority of the supported organization of the supported organization of the supported organization, controlled the organization's activities. If the organization had more than one supported organization, controlled the organization's activities. If the organization had more than one supported among the supported 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 supported organization.			
2	regularly appoint of elect at least a majority of the supported organization of elect at least a majority of the supported organization of the supported organization of the supported organization, controlled the organization's activities. If the organization had more than one supported organization, controlled the organization's activities. If the organization had more than one supported among the supported 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 supported organization.			1
2	tax year? If "No," describe in rank and the organization had more than one supported organization, controlled the organization's activities. If the organization had more than one supported 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.			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what correlations of recommendations are supported	1		
	for the hopefit of any supported organization other than the supported		-	
	- the experimental on one are to the belief of any series of the series of the voc " avoiding to Fait			
	Did the organization operate for the benefit of any supported organization other than the support organization? If "Yes," explain in Part organization(s) that operated, supervised, or controlled the supported organization(s) that operated,			
		2	<u> </u>	<u> </u>
	supervised, or controlled the supporting organization			
Secti	on C. Type II Supporting Organizations		Yes	No
	and a majority of the directors			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the organization's directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or trustees of each of the organization was vested in the same persons that controlled or managed		1	
	or trustees of each of the organization's supported organization(s)? If "No," describe in a support or trustees of each of the organization's supported organization was vested in the same persons that controlled or managed or management of the supporting organization was vested in the same persons that controlled or managed	1	1	1
	the supported organization(s).	<u></u> -		
	on D. All Type III Supporting Organizations		Ye	s No
Sect	the fifth month of the		7	
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization organization organization organization organization organization. At the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
1				
	year, (ii) a copy of the Form see that the date of notification, to the extent not previously provided the	1		
	organization's governing documents in short and are alected by the supported		1	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed of elected by the very large of the organization of the organization of the governing body of a supported organization? If "No," explain in Part VI how organization(s) or (ii) serving on the governing body of a supported organization organizatio	2		
	organization(s) or (ii) serving on the general and a working relationship with the supported organization(s).	-		-
	the organization maintained a close and continuous working relation's supported organizations have a  By reason of the relationship described in (2), did the organization's supported organization's investment policies and in directing the use of the organization's		-	
3	By reason of the relationship described in (2), did the organization's supported organization's significant voice in the organization's investment policies and in directing the use of the organization's significant voice in the organization's light tax year? If "Yes," describe in Part VI the role the organization's			1
	1. The Art of occurs at an initia during the terms of the second at the	3		
	supported organizations played in this regular			
800	tion E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	insi	ructi	ons).
	to the method that the organization used to satisfy the			
1	- actiofied the Activities Test, Complete mile			
	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.	/ (see	instr	uctions
	The expension supported a dovernmental and a dovern		ĪV	es No
'			<del>-   '</del>	-
2	Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of a bid substantially all of the organization was responsive? If "Yes," then in Part VI identify the organization was responsive?		- 1	
			1	
	Did substantially all of the Organization was responsive? If "Yes," then in Fair Vision the supported organization(s) to which the organization was responsive? If "Yes," then in Fair Vision the supported organizations and explain how these activities directly furthered their exempt purposes, those supported organizations, and how the organization determined how the organization was responsive to those supported organizations, and how the organization determined how the organization was responsive to those supported organizations, and how the organization determined how the organization was responsive? If "Yes," then in Fair Vision than the organization was responsive? If "Yes," then in Fair Vision than the organization was responsive? If "Yes," then in Fair Vision than the organization was responsive? If "Yes," then in Fair Vision than the organization was responsive? If "Yes," then in Fair Vision than the organization was responsive? If "Yes," then in Fair Vision than the organization was responsive to those supported organizations, and how the organization determined how the organization was responsive to those supported organizations, and how the organization was responsive to those supported organizations, and how the organization was responsive to those supported organizations.		1	1
	how the organization was responding to	L	2a	
	that these activities constituted substitutely and or more	e i		
	that these activities constituted substantially all of its activities.  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more body the activities described in (a) constitute activities that, but for the organization's number of the organization in Part VI the of the organization's supported organization (s) would have engaged in these	- 1		1
	of the organization's supported organization(s) would have been engaged in these reasons for the organization's position that its supported organization(s) would have engaged in these reasons for the organization's involvement.	- 1	2b	
	reasons for the organization's involvement.	f		_
	Parent of Supported Organizations. Answer (a) and (b) below.  Parent of Supported Organizations. Answer (a) and (b) below.  directors, or		1	
:	Parent of Supported Organizations. Answer (a) and (b) below.  By Parent of Supported Organizations. Answer (a) and (b) below.  By Parent of Supported Organizations appoint or elect a majority of the officers, directors, or a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or a Did the organization have the power to regularly appoint or elect a majority of the organization have the power to regularly appoint or elect a majority of the organization have the power to regularly appoint or elect a majority of the organization have the power to regularly appoint or elect a majority of the organization have the power to regularly appoint or elect a majority of the organization have the power to regularly appoint or elect a majority of the organization have the power to regularly appoint or elect a majority of the organization have the power to require the power		3a	
	tructone of each of the supported organization and activities of each	h [		1
	a constantial degree of discourse the arganization in this regard.	\	3b	
	b Did the organization exercise a substantial by Did the organization exercise a substantial by Did the organizations? If "Yes," describe in Part VI the role played by the organization when the property of the organization of the property of the organization of the			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	ani	zations	<u> </u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	j tru:	st on Nov.	20, 1970 (exp	lain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izat		t .	(B) Current Year
Section A - Adjusted Net Income		(A) I	rior Year	(optional)
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3		<u> </u>	
4 Add lines 1 through 3.	4		<u> </u>	<u> </u>
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8			(5) 0
Section B - Minimum Asset Amount		(A) 1	Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	_	<del></del>		
a Average monthly value of securities	1a		<u> </u>	<del></del>
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c		<u> </u>	
d Total (add lines 1a, 1b, and 1c)	ld			
e Discount claimed for blockage or other	1			
factors (explain in detail in Part VI):	<del>  _</del>		1	
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		<u> </u>	
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to				
	6	<u></u>	<u> </u>	
<ul> <li>emergency temporary reduction (see instructions).</li> <li>7 Check here if the current year is the organization's first as a non-functional instructions).</li> </ul>	lly in	tegrated T	j	ting organization (see

Schedule	A (Form 990 or 990-EZ) 2016	A Overania	entions (con	tinued)	
Part \	U. IL. moded END(a)(3)	Supporting Organiz	ations (com	11100	Current Year
		xempt purposes	ted		
2	Amounte paid to perform activity that directly furthers exer	npt purposes of suppor	teu		
_	organizations, in excess of income from activity		nizations		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	III.CO.II.		
	Amounts naid to acquire exempt-use assets				
	Ovalified set-aside amounts (prior IRS approval required)				
	Other distributions (describe in Part VI). See instructions.				
$-\frac{3}{7}$	Total annual distributions. Add lines 1 through 6.	1 - Normalia recon	oonsiye		
<del></del> 8	Distributions to attentive supported organizations to which	the organization is res	porisive		
0	(provide details in Part VI). See instructions.				
9	Distributable amount for 2016 from Section C, line 6				
	Line 8 amount divided by Line 9 amount		(ii)		(iii)
10		(i)	Underdistri	butions	Distributable
S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Pre-20		Amount for 2016
•					
	Distributable amount for 2016 from Section C, line 6				
'_	to death whom if any for years prior to 2016			ļ	
0	(reasonable cause required—explain in Part VI). See			j	
2	instructions.		<del> </del>		
	Excess distributions carryover, if any, to 2016:		<del> </del>		
3	Excess distributions		-		
<u>a</u> b		<u> </u>			
	From 2013		<del>   -</del>		
	From 2014		<del> </del>		
	0015				
<u>e</u>	Total of lines 3a through e				
f	Applied to underdistributions of prior years		<del>                                     </del>		
<u>_</u> g	Applied to 2016 distributable amount		<del> </del>		
<u>n</u>	Carryover from 2011 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		<del> </del>		
	Distributions for 2016 from		Į		
4	Section D, line 7:	<u> </u>	<del> </del>		
	Applied to underdistributions of prior years		<del>   -</del>		
<u>a</u>	Applied to 2016 distributable amount		<del></del>		
	Remainder. Subtract lines 4a and 4b from 4.		<del></del>		
	and addictributions for years Drior to 2010, ii		1		
5	any. Subtract lines 3g and 4a from line 2. For result		1		
	greater than zero, explain in Part VI. See instructions.		<del>                                     </del>		
	and adjusting the state of the	h			
6	and 4b from line 1. For result greater than zero, explain	in			
	D. + VII. Coo inetructions		<del></del>		<del></del>
	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1		
7			<del>-                                    </del>		
	and 4c.  Breakdown of line 7:		<del> </del>		
8			<del></del>		
	b Excess from 2013				<del></del>
	c Excess from 2014				
	c Excess from 2014		_		
	d Excess from 2015		_1	Cahadi	ile A (Form 990 or 990-EZ) 201
	e Excess from 2016	=-	j	Scheon	and the Assessment of the State

Schedule A (Form 990 or 9	on E7) 2016	175 Port
III, line ' R lines	mental Information. Provide the explanations required by Part II, line 10; Imental Information. Provide the explanations required by Part II, line 10; Interpretation III, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, 11and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, 11and 2; Part IV, Section C, line 1; Part V, Section D, lines 5, 6, and 6. Also complete this part for any additional information. (See instruction)	nd 8: and Part V. Section E,
*		
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		-4
~~~~~~~~~~~~~~~~~~~		
_=		
4		
		Schedule A (Form 990 or 990-EZ)

### **SCHEDULE D** (Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Departme	nt of the Treasury evenue Service	► Information about Schedule D (For	Attach to Form 990. m 990) and its instructions is at www.irs	s.gov/form990. Inspection
	the organization			Employer identification flustices
		UNITY FOUNDATION		54-1963011
Part	O	-ations Maintaining Donor Advis	sed Funds or Other Similar Fund	as or Accounts.
	Comple	ete if the organization answered "Y	(es" on Form 990, Part IV, line 6.  (a) Donor advised funds	(b) Funds and other accounts
			(a) Dollor advised falles	11
1	Total number a	at end of year	7	\$54,333
2	Aggregate valu	ue of contributions to (during year)	\$1,290	\$14,865
3	Aggregate valu	ue of grants from (during year) . L	\$13,550	\$432,159
			\$570,253	ald in donor advised
5	Did the organ	ue at end of year Lization inform all donors and donor a	advisors in writing that the assets in	i? ☑ Yes ☐ No
	funds are the	ization inform all donors and donor a property, subject to the	organization a exclusive regardent	_
		ization is property, easpect or a sization inform all grantees, donors, an able purposes and not for the benefit permissible private benefit?		
		estion Eccomonte		i
Part	Campi	oto if the organization answered "\	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of Preservation	conservation easements held by the or on of land for public use (e.g., recreating of natural habitat	or or education) T Preservation of	f a historically important land area f a certified historic structure
2	Preservati	on of open space is 2a through 2d if the organization hel the last day of the tax year.		on in the form of a conservation  Held at the End of the Tax Year  2a
a b c d	Total number Total acreage Number of co Number of c	of conservation easements restricted by conservation easements on a certified his conservation easements included in (	istoric structure included in (a)	2b
3	Number of co	onservation easements modified, trans		minated by the organization during the
4 5	Number of st Does the or	ates where property subject to conser ganization have a written policy reg d enforcement of the conservation ea	parting the periodic memory,	spection, handling of  Yes No
6	Staff and volur	d enforcement of the conservation ea: nteer hours devoted to monitoring, inspect	ing, handling of violations, and elitorology	Collise valion caconicism of
7	Amount of ex	penses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year
8		onservation easement reported on line		
9	In Part XIII, d	escribe how the organization reports of and include, if applicable, the text of	conservation easements in its revenue of the footnote to the organization's fi	e and expense statement, and nancial statements that describes the
	organization <sup>1</sup>	's accounting for conservation easeme	ents.	r Other Similar Assets.
Par	t III Orga Com	nizations Maintaining Collection blete if the organization answered	s of Art, Historical Treasures, o "Yes" on Form 990, Part IV, line 8	to revenue statement and balance shee
1a	If the organize works of art	zation elected, as permitted under SF t, historical treasures, or other similar te, provide, in Part XIII, the text of the	r assets held for public exhibition, e footnote to its financial statements th	education, or research in furtherance of at describes these items.
b	If the organ works of an	ization elected, as permitted under s t, historical treasures, or other simila	r assets held for public exhibition, e	education, or research in furtherance
2	(i) Revenue (ii) Assets in If the organ	included on Form 990, Part VIII, line 1 cluded in Form 990, Part X	t, historical treasures, or other simil	ar assets for financial gain, provide to tems:
	Revenue ind	cluded on Form 990, Part VIII, line 1		<b>▶</b> \$

	D (Form 990) 2016		1 Illian and Tw	occurae or Othe	r Similar Asse	ts (continued)
art I	O (Form 990) 2016  Organizations Maintaining ( Using the organization's acquisition, and	Collections of Ar	t, Historical Tr	any of the following	no that are a sign	ficant use of its
3 1	Ising the organization's acquisition, at	ccession, and othe	r records, check	any or the lonour	,g <u>.</u>	
	collection items (check all that apply):					
	Dublic exhibition		d ∐ Loan o	r exchange progra	1115	
٦. ٦	Cabalarly research					
ם נ	Preservation for future generations			. fthey the organ	nization's exempt	purpose in Part
C <u>L</u>	☐ Preservation for future generations Provide a description of the organization	on's collections an	d explain how the	ey further the organ	Inzalion 6 Oxemp	11-
4 F	KIII.				or other cimilar	
- '	KIII. During the year, did the organization s	solicit or receive do	onations of art, hi	istorical treasures,	or other siring	□ Ves □ No
5 [	During the year, did the organization sassets to be sold to raise funds rather t	han to be maint <u>ain</u>	ed as part of the	organization s com	SCHOIL	
	V Escrow and Custodial Arrai	ngements.			norted an amol	int on Form
art I	Escrow and Custodial Arrai Complete if the organization	answered "Yes"	on Form 990, Pa	art IV, line 9, or re	eported an arrior	411C 011 C 011
	oon Part X line 21.			t the store of	ther assets not	
	990, Part X, line 21.  Is the organization an agent, trustee,	custodian or other	r intermediary for	contributions of	Julier assets fior	☐ Yes ☐ No
. '	included on Form 990, Part X?	rt XIII and complet	e the following tal	ble:	i Amo	ount
				_	7.11.1	
	Beginning balance			<u>1c</u>		
_	and the year				<del> </del>	
e	Ending balance			<u>1f</u>	liability?	☐ Yes ☐ No
f	Ending balance	nt on Form 990, Par	rt X, line 21, for es	scrow or custodial	account liability r	
2a	Did the organization include an amour If "Yes," explain the arrangement in Pa	ert XIII. Check here	if the explanation	has been provide	d on Part XIII	<u> </u>
b	If "Yes," explain the arrangement in the					
Part	V Endowment Funds. Complete if the organization	answered "Yes"	on Form 990, F	Part IV, line 10.		(e) Four years back
	Complete it the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	
	, <u>,</u>	2,789,121	2,715,800	2,410,767	1,935,947	1,638,882
1a	Beginning of year balance	276,110	260.720	294,736	295,172	228,059
b	Contributions	210,110				-00.40
С	Net investment earnings, gains, and	247,395	-11,306	165,152	396,335	209,464
	losses	-152,014	-145,527		-193,293	-120,356
d	Grants or scholarships	-152,014	1,10,10.			
е	Other expenditures for facilities and	2017	-2,781	-2,767	-1,07 <u>3</u>	-1,822
	programs	-3,217	-27,785		-22,321	
f	Administrative expenses	-29,503	2,789,121			1,935,94
g	End of year balance	3,127,892	z, rus, rz r	column (a)) held	as:	
2	n : estimated percentage of	the current year en	nos	,,		
а	Board designated or quasi-endowing					
b	D and and and all man it	V / 0				
	Temporarily restricted endowment		000/			
C	on lines 2a 2h and	2c should equal	UU%.	and and an	iministered for the	·
С	The percentages on mies za, zo, and	,	A AZMONIZOTION III	iat are neio alio ac		Yes No
_	Are there endowment funds not in the	ne possession of th	ne organization th	at are new and ac		
с 3а	Are there endowment tunds not in to organization by:	te hossession or m	ne organization tr	iat are neid and ac		3a(i) 🗸
_	Are there endowment tunds not in a organization by:	te bossession or a				3a(i)
_	Are there endowment funds not in a organization by:  (i) unrelated organizations	te possession or a				3a(I) v
3a	Are there endowment funds not in a organization by:  (i) unrelated organizations	te possession of the		Schedule R?		3a(ii) ✓ 3a(ii) ✓
3a b	Are there endowment funds not in to organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related	organizations listed	as required on S	Schedule R? funds.		3a(i)
3a b 4	Are there endowment funds not in to organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related	organizations listed	as required on S	Schedule R? funds.		3a(i)
3a b 4	Are there endowment funds not in to organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related	organizations listedes of the organization	d as required on Son's endowment	Schedule R? funds.  Part IV, line 11a		3a(i)
3a b 4	Are there endowment funds not in to organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended use to the total and the total and the total and the total and the organization organization organization.	organizations listedes of the organization answered "Yes	d as required on Son's endowment on Form 990, other basis (b) Cost	Schedule R? funds.  Part IV, line 11a. tor other basis (c)	See Form 990,	3a(i) v 3a(ii) v
3a b 4	Are there endowment funds not in to organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related	organizations listedes of the organization	d as required on Son's endowment on Form 990, other basis (b) Cost	Schedule R? funds.  Part IV, line 11a		3a(i) v 3a(ii) v
3a b 4 Par	Are there endowment funds not in to organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended user VI  Land, Buildings, and Equipment of Description of property	organizations listedes of the organization answered "Yes	d as required on Son's endowment on Form 990, other basis (b) Cost	Schedule R? funds.  Part IV, line 11a. tor other basis (c)	See Form 990,	3a(ii) v 3a(ii) v
3a b 4	Are there endowment funds not in to organization by:  (i) unrelated organizations	organizations listedes of the organization answered "Yes	d as required on Son's endowment on Form 990, other basis (b) Cost	Schedule R? funds.  Part IV, line 11a. tor other basis (c)	See Form 990,	3a(i) v 3a(ii) v
3a b 4 Par	Are there endowment funds not in to organization by:  (i) unrelated organizations .  (ii) related organizations .  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended use to be a complete if the organization of property  Land .  Buildings .	organizations listedes of the organization answered "Yes	d as required on Son's endowment on Form 990, other basis (b) Cost	Schedule R? funds.  Part IV, line 11a. tor other basis (c)	See Form 990,	3a(i) v 3a(ii) v
3a b 4 Par	Are there endowment funds not in to organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended user to the Land, Buildings, and Equivalent to Description of property  Land  Buildings  Leasehold improvements	organizations listedes of the organization answered "Yes	d as required on Son's endowment on Form 990, other basis (b) Cost	Schedule R? funds.  Part IV, line 11a. tor other basis (c)	See Form 990,	3a(i)
3a b 4 Par	Are there endowment funds not in to organization by:  (i) unrelated organizations  (ii) related organizations  If "Yes" on line 3a(ii), are the related Describe in Part XIII the intended use Complete if the organization Description of property  Land  Buildings  Leasehold improvements	organizations listedes of the organization answered "Yes (investr	d as required on Son's endowment on Form 990, other basis (b) Cost	Funds.  Part IV, line 11a. tor other basis (c) (other)	See Form 990, Accumulated depreciation	3a(i) ✓ 3a(ii) ✓

	Investments—Other Securities. Complete if the organization answer	ed "Yes" on For	m 990, Part IV	, line 110.	(c) Method	of valuation:
	(a) Description of security or category (including name of security)		(b) Book value		Cost or end-of-ye	ear market value
- - - -	derivatives					
Closelv-h	eld equity interests	<i></i> .			<u> </u>	
Other						
) }					<del>                                     </del>	
3)	~~		<u> </u>		T	
<del>)</del>						
D)						
:)						
F)						
3) -:					<u> </u>	
H)	b) must equal Form 990, Part X, col. (B) line 12.)				<u> </u>	
	Investments—Program Related.			/ line 110	See Form 99	n Part X. line 13.
art VIII	Investments—Program Related. Complete if the organization answe	red "Yes" on Fo	rm 990, Part IV	V, line 110.	(c) Method	of valuation:
	(a) Description of investment		(b) Book valu	ne	Cost or end-of-	year market value
)		<u>-</u>				
' 					<u> </u>	
)						
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)						
)						
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_						
	(b) must equal Form 990, Part X, col. (B) line 13.)				Con Form 9	on Part X line 15
	Other Assets.  Complete if the organization answer	ered "Yes" on Fo	orm 990, Part	IV, line 11d	. See Form 9	90, Part X, line 15 (b) Book value
o) tal. (Column Part IX	Other Assets.  Complete if the organization answer	ered "Yes" on Fo	orm 990, Part	IV, line 11d	. See Form 9	90, Part X, line 15 (b) Book value
atal. (Column Part IX	Other Assets.  Complete if the organization answer	ered "Yes" on Fo	orm 990, Part	IV, line 11d	. See Form 9	90, Part X, line 15 (b) Book value
o) tal. (Column Part IX	Other Assets.  Complete if the organization answer	ered "Yes" on Fo Description	orm 990, Part	IV, line 11d	. See Form 9	90, Part X, line 15 (b) Book value
o) tal. (Column Part IX	Other Assets.  Complete if the organization answer	ered "Yes" on Fo Description	orm 990, Part	IV, line 11d	. See Form 9	90, Part X, line 15 (b) Book value
o) tal. (Column Part IX  1) 2) 3) 4)	Other Assets.  Complete if the organization answer	ered "Yes" on Fo	orm 990, Part	IV, line 11d	. See Form 9	90, Part X, line 15 (b) Book value
1) Part IX 1) 2) 3) 4)	Other Assets.  Complete if the organization answer	ered "Yes" on Fo	orm 990, Part	IV, line 11d	. See Form 9	90, Part X, line 15 (b) Book value
1) Part IX  1) 2) 3) 4) 5)	Other Assets.  Complete if the organization answer	ered "Yes" on Fo	orm 990, Part	IV, line 11d	. See Form 9	90, Part X, line 15 (b) Book value
2) tal. (Column Part IX 1) 2) 3) 4) 5) (6)	Other Assets.  Complete if the organization answer (a) I	Zecupion				90, Part X, line 15 (b) Book value
1) Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answer (a) (a) (b) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	i. (B) line 15.)			>	
1) Part IX  1) 1) 2) 3) 4) 5) 6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) (a) (b) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	i. (B) line 15.)			>	
1) 1al. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Col	Other Assets. Complete if the organization answer (a) I  fumn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answer line 25.	i. (B) line 15.) vered "Yes" on F	orm 990, Part		>	
al. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Col	Other Assets. Complete if the organization answer (a) I  lumn (b) must equal Form 990, Part X, col  Other Liabilities. Complete if the organization answer line 25.  (a) Description of Hability	i. (B) line 15.)	orm 990, Part		>	
2) 10	Other Assets. Complete if the organization answer (a) I  fumn (b) must equal Form 990, Part X, color Other Liabilities. Complete if the organization answer line 25.	i. (B) line 15.) vered "Yes" on F	orm 990, Part		>	
1) 12) 13) 14) 15) 16) 17) 18) 19) 17) 18) 19) 17) 18) 19 17) 17) 18) 19 17) 18) 19 17) 18) 19 17) 18) 19 17) 18) 19 19 19 19 19 19 19 19 19 19 19 19 19	Other Assets. Complete if the organization answer (a) I  lumn (b) must equal Form 990, Part X, col  Other Liabilities. Complete if the organization answer line 25.  (a) Description of Hability	i. (B) line 15.) vered "Yes" on F	orm 990, Part		>	
1) Idl. (Column Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X  (1) Federa (2) (3)	Other Assets. Complete if the organization answer (a) I  lumn (b) must equal Form 990, Part X, col  Other Liabilities. Complete if the organization answer line 25.  (a) Description of Hability	i. (B) line 15.) vered "Yes" on F	orm 990, Part		>	
1) tal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X  (1) Federa (2) (3) (4)	Other Assets. Complete if the organization answer (a) I  lumn (b) must equal Form 990, Part X, col  Other Liabilities. Complete if the organization answer line 25.  (a) Description of Hability	i. (B) line 15.) vered "Yes" on F	orm 990, Part		>	
1) tal. (Column Part IX  1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X  (1) Federa (2) (3) (4) (5)	Other Assets. Complete if the organization answer (a) I  lumn (b) must equal Form 990, Part X, col  Other Liabilities. Complete if the organization answer line 25.  (a) Description of Hability	i. (B) line 15.) vered "Yes" on F	orm 990, Part		>	
1) tal. (Column Part IX  1) 2) 3) 4) 5) 6) (7) 8) 9) otal. (Column Part X  (1) Federa (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answer (a) I  lumn (b) must equal Form 990, Part X, col  Other Liabilities. Complete if the organization answer line 25.  (a) Description of Hability	i. (B) line 15.) vered "Yes" on F	orm 990, Part		>	
(1) Federa (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answer (a) I  lumn (b) must equal Form 990, Part X, col  Other Liabilities. Complete if the organization answer line 25.  (a) Description of Hability	i. (B) line 15.) vered "Yes" on F	orm 990, Part		>	
(1) Federa (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answer (a) I  Jumn (b) must equal Form 990, Part X, color of the Liabilities. Complete if the organization answer line 25.  (a) Description of Hability I income taxes	I. (B) line 15.)	Form 990, Part		e or 11f. See	Form 990, Part X,
(1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization answer (a) I  lumn (b) must equal Form 990, Part X, col  Other Liabilities. Complete if the organization answer line 25.  (a) Description of Hability	i. (B) line 15.)  vered "Yes" on F  (b) Book value	Form 990, Part	· · · · ·	or 11f. See	Form 990, Part X,

Schedule D (Fo	rm 990) 2016	Mith Doyon	ue per l	Return	5
Part XI	Reconciliation of Revenue per Audited Financial Stateme	ents with neven	ue per i	ictaii.	
	Complete if the organization answered "Yes" on Form 990,	artiv, mic iza.	<u> </u>	1	
1 Total	revenue, gains, and other support per audited financial statements				<u>-                                    </u>
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12:	2a	1	ļ	
a Netι	unrealized gains (losses) on investments	2b	1		
<b>b</b> Dona	ated services and use of facilities	2c	<u> </u>		
c Reco	overies of prior year grants	2d			
al Other	* (Describe in Part XIII.)			2e	
	n o- Almanuch Och		}	3	
	transferm line 1	i i			<del></del>
4 Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
1	the part our one se not included on Form 990, Fait VIII, IIII VIII	\		[ [	
b Othe	r (Describe in Part XIII.)	1-76		4c	
c Add	lines 4a and 4b	12)	]	5	
5 Tota			nses pe	r Retu	<b>ո.</b>
Part XII	Reconciliation of Expenses per Audited Financial States.  Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.			
	Complete if the organization answered 148 Cm Simossy and losses per audited financial statements			1	
1 Tota	expenses and losses per audited financial statements	•			
2 Amo	ounts included on line 1 but not on Form 990, Part IX, line 25:	2a	ļ	]	
a Don	ated services and use of facilities	2b	<u> </u>	]	
b Prio	r year adjustments	2c		]	
c Oth	er losses	2d	i	] [	
d Oth	er (Describe in Part XIII.)			2e	
e Add	l lines 2a through 2d			3	
3 Sub	tract line 2e from line 1		[		
<b>4</b> Am	bunts included on Form 990, Part IX, line 25, but not on line 1:	4a		<u> </u>	
a Inve	atment expenses not inclined on Follis 300; Fait villy ille	4b		_	
	er (Describe in Part XIII.)			4c	
c Add	I lines 4a and 4b al expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii	ne 18.) . <u></u>	<u> </u>	5	
5 Tot	al expenses. Add lines 3 and 4c. (1716 mas. 44				/ Une 4- Dort V line
Part XIII	Supplemental Information.  e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a edescriptions required for Part III, lines 2d and 4b. Also complete this part III lines 2d and 4b. Also complete this part III lines 2d and 4b.	nd 4; Part IV, lines	1b and 2	b; Part V	, line 4; Part A, IIIIC
Provide th	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any ac	iditional i	ntormati	on.
2; Part XI,	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part 4: The Foundation's endowment funds serve various purposes. For ex	cample, some provid	e annual	grants to	specified
Part V, Line	4: The Foundation's endowment tunus serve various			_	Others
	ons such as the Fort Valley Community Center, the Fort Valley Museum,	and the Shenandoal	County	Library A	rchives. Others
organizatio	ons such as the Fort Valley Community Center, the 1000				•
	holarships to graduating seniors of the County's high schools. The Unr	estricted Grants Fur	d provide	es annua	grants to various
provide sc	holarships to graduating seniors of the county 5 mg.				a at a salama dha a
	ons for the benefit of the County and its residents. Still others are intenc	led to grow revenue	s to provi	de future	funding for the
organizatio	ons for the benefit of the County and its residents, similar				
Foundatio	n's grant programs and administrative expenses.				
	######################################		-		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		i		
	······································				
			1		
			ļ		o
			1		schedule D (Form 990) 20°
					Milennia & A. A.m1

### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Name of the organization					-	54-	1963011
SHENANDOAH COMMUNITY FOUNDATION Part I Fundraising Activities.	Complete if th	e organiza	tion answ	ered "Yes" on F	orm 9	90, Part IV,	line 17.
Part I Fundraising Activities. Form 990-EZ filers are r	ot required to	complete t	his part.			I that apply	
Form 990-EZ filers are r  1 Indicate whether the organization	n raised funds t	miniman anv	OF ILLES FOR	wing activities. Con of non-governi	neck a ment d	rants	
a Mail solicitations		e _		on of non-govern on of government			
b  Internet and email solicitation	ns	f L	] Solicitati	undraising events	. g	]	
c 🔲 Phone solicitations		g ∟					
<ul><li>d  In-person solicitations</li><li>2a Did the organization have a writer</li></ul>	uan ar aral sara	ement with	anv individ	lual (including offi	cers, d	irectors, trust	tees,
2a Did the organization have a writ or key employees listed in Form	1990. Part VII) C	or entity in co	nnection v	with professional t	fundrai	sing services	?
and the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project of the second project	individuals or	entities (fund	draisers) pu	irsuant to agreem	nents u	nder which tr	le fundraiser is to be
b If "Yes," list the 10 highest paid compensated at least \$5,000 b	y the organization	on.					
		<del></del>		<del></del> -	(v) A	mount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	lor	retained by) raiser listed in col. (i)	(or retained by) organization
		Yes	No				
1							
	<del> </del>	_	-	<u> </u>			
2						<u> </u>	
3							
4			<del> </del>	<del> </del>	-	<u> </u>	
5							
6	-						
			<del> </del>				
7			<del> </del>		+	1	
8					<u> </u>	<u> </u>	
9			ļ	<u>}</u>	ļ		
10						<u> </u>	
			•				is the amount from
Total	ganization is re	gistered or	icensed to	solicit contribution	ons or	has been not	lified it is exempt from
registration or licensing.	<b>3-</b>						
,05.00.000							
	.,					 	
			00 57	Cat. No. 50083	iH	Schedule	G (Form 990 or 990-EZ) 2016

	t II	than \$15,000 of fundraising	ig event contributions a	and gross income on F	orm 990-EZ, lines 1	e 18, or reported more and 6b. List events with
<u></u>		gross receipts greater tha	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			4-H Auction (event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	26,850			26,850
	2	Less: Contributions	26,850		<u> </u>	26,85
	3	Gross income (line 1 minus line 2)	0			
	4	Cash prizes				
	5	Noncash prizes	75			7
}	6	Rent/facility costs				
חובכו באלפוופפ	7	Food and beverages				<del></del>
2	8	Entertainment				1.32
	9	Other direct expenses  Direct expense summary. A	1,325			1,40
	t III	than \$15,000 on Form 9	90-EZ. line 6a.	ed "Yes" on Form 99		
_	- <del></del>	than \$15,000 on Form S	990-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (e))
	1	than \$15,000 on Form \$	190-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
חפאפוותפ		than \$15,000 on Form 9	190-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Expenses Revenue	1	than \$15,000 on Form \$	190-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Expenses nevelue	1 2	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	190-EZ, line 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Expenses Revenue	1 2 3 4 5	than \$15,000 on Form \$  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Expenses Revenue	1 2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	(a) Bingo  Yes%  No	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (e) through col. (e))
Expenses nevenue	1 2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.	(a) Bingo  Yes %  No  Add lines 2 through 5 in c	(b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes No	(d) Total gaming (add col. (e) through col. (e))
Expenses Revenue	1 2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. A  Net gaming income summary. A  Enter the state(s) in which the list he organization licensed to it "No" explain:	Yes %  No  Add lines 2 through 5 in cary. Subtract line 7 from organization conducts ground activities	(b) Pull tabs/instant bingo/progressive bingo  Yes %  No  column (d)	(c) Other gaming  Yes No No	(d) Total gaming (add col. (a) through col. (c))
Direct Expenses Revenue	1 2 3 4 5 6 7 8 b l b l	Gross revenue	Yes%  No  Add lines 2 through 5 in cary. Subtract line 7 from organization conducts grandout gaming activities	(b) Pull tabs/instant bingo/progressive bingo  Yes %  No  column (d)	(c) Other gaming  Yes No No No	(d) Total gaming (add col. (e) through col. (e))  //  //  //  //  //  //  //  //  //

		· ·
Schedul	e G (Farm 990 or 990-EZ) 2016	Page 3
11 12	Does the organization conduct gaming activities with nonmembers?  Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership formed to administer charitable gaming?	Of Other Chury
13 a	Indicate the percentage of gaming activity conducted in:  The organization's facility	13a <u>%</u>
b		
14	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special ev records:	ents books and
	Name ►	:
	Address▶	1
	Does the organization have a contract with a third party from whom the organization revenue?	,
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the
c	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:	
	Name ►	
	Address►	
16	Gaming manager information:	· 
	Name >	
	Gaming manager compensation ▶ \$	• •
	Description of services provided ▶	
	☐ Director/officer ☐ Employee ☐ Independent contractor	· ·
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gameretain the state gaming license?	
b	Enter the amount of distributions required under state law to be distributed to other exempts	
Part	The state of the explanations required by Part I, 1116 Al	additional information.
		Schedule G (Form 990 or 990-EZ) 2016

SCHEDULE (Form 990)

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

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

OMB No. 1545-0047 2016

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection Employer identification number

Department of the Treasury	•	hoformatic	on about Sched	ule I (Form 990) an	d its instructions is	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.		Horipadsur
Internal Revenue Service							-	Employer Identification number
Name of the organization								54-1963011
SHENANDOAH COMMUNITY FOUNDATION	ILTY FOUNDATION	A Page	ictonca					
Part I General II  1 Does the organic the selection critical III	General Information on Grants and Assistance, and General Information of General Information maintain records to substantiate the amount of the grants or assistance, and Does the organization maintain records to substance?  The selection criteria used to award the grants or assistance?	o substan	tiate the amour	nt of the grants or	assistance, the gr	antees' eligibility for	r the grants or assistano	xe, and · · · ☑ Yes □ No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds if the organization answered "Yes" on Form Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Grants and Other Assistance to Domestic Organizations and Domestic Governments.	cedures f	stic Organiza	ations and Dorr	nestic Governm	ents. Complete if	the organization answaral space is needed.	wered "Yes" on Form
990, Part IV, Ime 21 1 (a) Name and address of organization	IV, line 21, for any reciliforganization (b) EIN		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Response, Inc.	VA 22664 54-1132487	187	501(c)(3)	\$6,150				Women's Shelter Operation
(2) Shen. Cty. Alliance for Shelter	\ 	502	501(c)(3)	\$5.100				Emergency Housing
(3) Shen. Cty. Free Clinic	<u> </u>	235	501(c)(3)	\$9,440				Medical Services
(4) Shen, Mem. Hospital Foundation	<u> </u>	319	501(c)(3)	\$7,000				Hospital Expansion
(5)	<u> </u>							
(9)								
(3)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(8)								
(6)								
(10)		-						
(11)								
(12)								
2 Enter total nu	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and gove	anment organia	zations listed in th	e line 1 table			•
3 Enter total nu	3 Enter total number of other organizations listed in the Intel Laure	ons listed istructions	for Form 990.			Cat. No. 50055P		Schedule I (Form 990) (2016)

Schedule 1 (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

Part III carl be dupilicated it additional space	space is liceaca.				
(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 scholarshin Programs (or Shen Civ Students	29	\$81,751			
2					
		•			
3	;				
4					
ц					
(C					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, columr	(b); and any other additi	onal information.
Part I, Line 2: The Foundation monitors its scholarship grants to ensure that they are used for proper purposes and not otherwise diverted from their intended use. Scholarships granted	grants to ensure tha	t they are used for pro	per purposes and not o	therwise diverted from their	Intended use. Scholarships granted
by the Foundation are paid by check, In most instances the payee is either a public high school in the County or the educational institution that the scholarship recipient will be	the payee is either	a public high school in	the County or the edu	cational institution that the SG	holarship reciplent will be
Adametica In one program where the recipients are chosen by the	sen by the high sch	ools and the checks are	e payable to the recipie	nts, the Foundation advises t	ne high schools and the checks are payable to the recipients, the Foundation advises the recipients in writing of the
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
potential consequences if the grants are not used for tax-exempt educational purposes. The Foundation monitors its grants to organizations and governments to ensure they are used for	k-exempt education	al purposes. The Foun	dation monitors its gra	nts to organizations and gov	ernments to ensure they are used for

involvement and contact with the grantees the directors and staff of the Foundation, and the donors to the Foundation's restricted Funds, often have direct or indirect knowledge Part III, Line 1(b): This number is calculated based on the Foundation's financial records of scholarship checks awarded in 2015 and the names of the scholarship recipients. regarding the expenditure of grants.

of a grant that is made for a specific purpose, a grantee organization also agrees to inform the Foundation after the grant has been expended for that purpose. (3) In the case of a grant

made for a specific purpose, a grantee organization also agrees to obtain the Foundation's approval before the grant is expended for another purpose. (4). Through their community.

proper purposes and are not otherwise diverted from their intended use as follows. (1) Grants made by the Foundation are paid by check in the name of the grantee. (2) In the case

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

омв No. 1545-0047 20**16** 

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	54-1963011
SHENANDOAH COMMUNITY FOUNDATION	
Form 990, Part IV, Section A. Line 1: Pursuant to its By-Laws, the Foundation has established an E	executive Committee. The members of this
Committee are the Foundation's President, Vice President, Treasurer, and Secretary, all of whom a	re Directors of the Foundation. The
Committee performs administrative functions of the Foundation and implements Board directions.	Among other things, the
Executive Committee is authorized to function in place of the Board of Directors between meeting	3.
Form 990, Part VI, Section B. Line 11: A draft of this Form 990 was prepared by the Foundation's F	
May meeting of the Board of Directors for review and comment prior to filing.	
Form 990, Part VI, Section VI, Line 12: The Foundation monitors and enforces complance with its	Conflict of Interest policy as follows:
Directors and officers are asked to sign conflict of interest forms, and are expected to provide up	dated disclosures annually or more
frequently as appropriate. Moreover, the family and business connections of the Directors and of	ticers are generally known in the
Foundation's small, rural community. At present, the Foundation has a limited number of vendor	relationships and its grants are
awarded directly to non-profit organizations (or government entities) or to a diverse group of sch	plarship recipients. Directors are
expected to recuse themselves from Board decisions that present a personal conflict of interest.	
Form 990, Part VI, Section C, Line 19: in 2016 the Foundation's 2015 Form 990 was posted on the	Foundation's website and Guldestar.
in 2016 the Foundation's Articles of incorporation, By-Laws, Conflict of Interest Policy and 2015	Annual Financial Statements were available
to the public upon request.	
	an independent contractor.
Form 990, Part IX, Line 11g: This amount represents payments to the Foundation's Program Co.	ordinator, all mueperiodit control