# Form **990**

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009

Open to Public Inspection

			- u - c - i		9	D Employer ide	ntification number
		pplicable <b>Please</b>	C Name of organization CIVIL WAR PRESERVATION T	RUST		D Employer ide	intrincation number
Add	Iress ch	nange use IRS label or	Doing Business As			54-142664: E Telephone nu	
┌ Nar	ne chai						
┌ Init	ıal retui	rn <b>Specific</b>		oox if mail is not delivered to street addre	ss) Room/suite	(301)665-1	
┌ Ter	mınated	Instruc- d tions.	11 PUBLIC SQUARE No 200			<b>G</b> Gross receipts	\$ 22,983,596
☐ Am	ended i	return	City or town, state or country	, and ZIP + 4		1	
		n pending	HAGERSTOWN, MD 21740	,			
, ,,	neation			1 - <i>ft</i> :			
			ame and address of principa nes Lighthizer	ioπicer		ıs a group return ates?	for
			UBLIC SQUARE No 200		"""	100	1 165 1 110
		HAG	ERSTOWN,MD 21740		H(b) Are a	ll affiliates include	ed?
	v ovom	npt status 🔽 501	(c) ( 3 ) <b>◀</b> (insert no )	/->/1>			(see instructions)
1 14	x-exem	ipt status   501	(c) ( 3 ) 🖪 (Insert no )   4947	(a)(1) or   52/	H(c) Grou	up exemption nur	mber 🟲
) W	ebsit e	e: ► WWW CIVIL	WARORG				
<b>K</b> Forr	n of org	ganization 🔽 Corpo	ration Trust Association C	Other 🗠	L Year of fo	ormation 1987 M	State of legal domicile VA
Pa	rt I	Summary					
	1		the organization's mission of				
		•	n of America's significant Ci s played in directing the cou	vil War battlefields by protecting t rse of our nation's history	he land and e	ducating the pub	lic about the vital roles
Governance		those battleheld	s played in directing the cou	ise of our nation's mistory			
₫							
ē							
õ	2	Check this box	If the organization discor	ntinued its operations or disposed	of more than	25% of its net a	ssets
	3	Number of voting	members of the governing	body (Part VI, line 1a)		3	26
80				e governing body (Part VI, line 1t			25
Ě			employees (Part V, line 2a)		,,		53
Activities &			volunteers (estimate if nece			6	42
₹				Part VIII, column (C), line 12			0
		_	siness taxable income from		•	7u 7b	
					Pric	or Year	Current Year
	8	Contributions	nd grants (Part VIII line 1 h	1)		12,026,415	18,901,103
≘	9			,, , , , , , , , , , , , , , , , , , ,		12,020,413	222,733
Rayeni	10	-	, ,	Innes 3, 4, and 7d)		81,497	26,138
盏	10					01,497	20,138
_	4.4	0 +	(D = =+ \	E 6		246 665	145 222
	11		(Part VIII, column (A), lines			346,665	145,223
	11 12	Total revenue-	-add lines 8 through 11 (mus	st equal Part VIII, column (A), line	е	346,665 12,454,577	145,223
		Total revenue-	-add lines 8 through 11 (mus		e	,	
	12	Total revenue— 12) Grants and sım	-add lines 8 through 11 (mus	st equal Part VIII, column (A), line	e	12,454,577	19,295,197
	12	Total revenue- 12) Grants and sim Benefits paid to	radd lines 8 through 11 (mus llar amounts paid (Part IX, co or for members (Part IX, co	olumn (A), lines 1-3)		12,454,577	19,295,197 4,289,810 0
	12 13 14	Total revenue- 12) Grants and sim Benefits paid to	radd lines 8 through 11 (mus llar amounts paid (Part IX, co or for members (Part IX, co	olumn (A), lines 1-3)		12,454,577	19,295,197
	12 13 14	Total revenue— 12)  Grants and sim Benefits paid to Salaries, other 10)	lar amounts paid (Part IX, coor for members (Part IX, co	olumn (A), lines 1-3)		12,454,577	19,295,197 4,289,810 0
	12 13 14 15	Total revenue— 12)  Grants and sim Benefits paid to Salaries, other 10) Professional fu	lar amounts paid (Part IX, coor for members (Part IX, co	olumn (A), lines 1-3)		12,454,577	19,295,197 4,289,810 0 2,583,704
Expenses F	12 13 14 15	Total revenue— 12)  Grants and sim Benefits paid to Salaries, other 10) Professional fu	radd lines 8 through 11 (must llar amounts paid (Part IX, co o or for members (Part IX, co compensation, employee be indraising fees (Part IX, colum	olumn (A), lines 1-3)		12,454,577	19,295,197 4,289,810 0 2,583,704
	12 13 14 15 16a b	Total revenue— 12)  Grants and sim Benefits paid to Salaries, other 10) Professional fu Total fundraising e Other expense	radd lines 8 through 11 (must lilar amounts paid (Part IX, co or for members (Part IX, co compensation, employee be indraising fees (Part IX, colum expenses (Part IX, column (D), line of (Part IX, column (A), lines	olumn (A), lines 1-3)  lumn (A), line 4)  nefits (Part IX, column (A), lines 5  mn (A), line 11e)  25)  995,689		12,454,577 507,355 2,523,279	19,295,197 4,289,810 0 2,583,704 73,611
	12 13 14 15 16a b	Total revenue— 12)  Grants and sim Benefits paid to Salaries, other 10) Professional fu Total fundraising e Other expense Total expenses	radd lines 8 through 11 (must equal to the control of the control	olumn (A), lines 1-3)		12,454,577 507,355 2,523,279 4,905,706	19,295,197 4,289,810 0 2,583,704 73,611
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Net Assets or Expenses Fund Balances	12 13 14 15 16a b 17 18 19	Total revenue— 12)	radd lines 8 through 11 (mustilar amounts paid (Part IX, concompensation, employee be nodraising fees (Part IX, column (D), lines (Part IX, column (A), lines Add lines 13–17 (must equipments Subtract line 18 from art X, line 16)	olumn (A), lines 1-3)  lumn (A), line 4)  nefits (Part IX, column (A), lines 5  mn (A), line 11e)  25)  995,689  11a-11d, 11f-24f)  ual Part IX, column (A), line 25)  om line 12  21 from line 20  nined this return, including accompanying	Beginnin	12,454,577 507,355  2,523,279  4,905,706 7,936,340 4,518,237 g of Current fear 56,132,836 9,552,414 46,580,422	19,295,197 4,289,810 0 2,583,704 73,611 5,012,981 11,960,106 7,335,091 End of Year 62,896,192 9,209,199 53,686,993
Net Assets or Expenses Fund Balances	12 13 14 15 16a b 17 18 19	Total revenue— 12)	radd lines 8 through 11 (mustilar amounts paid (Part IX, concompensation, employee be nodraising fees (Part IX, column (D), lines (Part IX, column (A), lines Add lines 13–17 (must equipments Subtract line 18 from art X, line 16)	olumn (A), lines 1-3)  lumn (A), lines 4)  nefits (Part IX, column (A), lines 5  mn (A), line 11e)  25)  995,689  11a-11d, 11f-24f)  ual Part IX, column (A), line 25)  om line 12  21 from line 20	Beginnin	12,454,577 507,355  2,523,279  4,905,706 7,936,340 4,518,237 g of Current fear 56,132,836 9,552,414 46,580,422	19,295,197 4,289,810 0 2,583,704 73,611 5,012,981 11,960,106 7,335,091 End of Year 62,896,192 9,209,199 53,686,993
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### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The preservation of America's significant Civil War battlefields by protecting the land and educating the public about the vital roles those battlefields played in directing the course of our nation's history

4e	Total program servi	ce expenses►\$	10,574,76	59		
	(Expenses \$	ınclı	uding grants o	f \$	) (Revenue \$	)
4d	Other program serv	ices (Describe in Sch	edule O )			
	War for free to 140 teac throughout the U.S. Edu plans, numerous articles battlefield and the Slaug winners' work displayed	hers from over 30 states an cational material and resoul , biographies, and battle ma hter Pen Farm at the Frede	d the District of ( rces were develop aps On site battle ricksburg, VA bat PT's vastly enhan	Columbia Three trunks full ped and distributed free of office field interpretation was contlefield. The History Channeced "Website 2.0" was succ	Plyania County, VA, providing profe of Civil War replica artifacts and ac charge, mainly online, in the form inpleted for the second part of the el sponsored best lesson plan, post essfully launched in May Commun I Wars 150th anniversary	tivities traveled to classrooms of two curricula, many lesson First Day at Chancellorsville, VA er, and essay contests with the
4c	(Code	) (Expenses \$	998,659	ıncludıng grants of \$	41,000 ) (Revenue \$	46,279 )
	declining membership, C entire year Each quarte how their direct support educates them directly of preservation and educat subset of its overall mer	CWPT was able to recruit en- r, every CWPT member rec- helps preserve endangered on historical elements of imp ion missions every year thro	ough new memberves our 48-pag Civil War battlefrortance about though their dues p Bearers", compris	ers and reactivate lapsed me e magazine, Hallowed Grou eld land, advances the cau: ec Civil War and land preser ayments, as well as additio sed of those members who	course of 2009, while many non-p lembers to maintain approximately nd, as their primary membership t see of education about the key peri vation CWPT depends upon its me nal charitable gifts The CWPT also make dues payments of \$1,000 o	r 53,000 active members for the benefit The magazine highlights od in our nation's history, and embers to help fulfill its battlefie o has a major donor society, as
4b	(Code	) (Expenses \$	2,373,409	ıncludıng grants of \$	) (Revenue \$	222,733 )
	sprawl Through acquisit Lake, MN, Raymond, M Chancellorsville, VA Cros and Wilderness, VA In 2	ions and grants, CWPT pres 5, Tupelo, MS, Davis Bridge, is Keys, VA, Fishers Hill, VA, 010 and particularly during	erved 2,777 acre TN, Parkers Cro Glendale, VA, Ma the upcoming ses	s in 22 completed transacti ssroads, TN, Aldie, VA, Appo alvern Hill, VA, Port Republi squicentennial anniversary o	aving America's unprotected Civil Wons at 20 battlefields in 5 states, in omattox Station, VA, Brandy Station, VA, Sailor's Creek, VA, Third Wind of the American Civil War, CWPT eding the vital role these battlefield	icluding Natural Bridge, FL, Woo n, VA, Cedar Creek, VA, Thester, VA, Trevillian Station, V expects to continue its consistent
4a	(Code	) (Expenses \$	7,202,701	including grants of \$	4,248,810 ) (Revenue \$	22,525 )
4	Section 501(c)(3) ar		ons and secti	on 4947(a)(1) trusts a	largest program services by ire required to report the am service reported	
	If "Yes," describe the	se changes on Schedu	ile O			
3		cease conducting, or n		nt changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe the	se new services on Sc	hedule O			
	the prior Form 990 o		· · · ·	ervices during the year	· · · · · · ·	┌ Yes ┌ No

Part IV	Check	dist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νo
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

orm	990 (2009)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No.
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the constant of the consta			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	required?	<b>/</b> '''		
-	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			

12b

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

Section A.	Governina	Body and	Management

<u>Se</u>	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 26	5		
b	Enter the number of voting members that are independent 1b 25	;		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			T
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11		11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

## Section C. Disclosure

- List the States with which a copy of this Form 990 is required to be filed ►AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MS, MN, MO, MT, NC, ND, NE, NJ, NH, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. 

  Own website. 

  Own website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Ruth Hudspeth Civil War Preservation Trust

11 Public Sq Ste 200

hagerstown, MD 21740

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

#### 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 Use Schedule J-2 if additional space is needed

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee											
<b>(A)</b> Name and Title	(B) A verage hours	Posit tl	(C non (	chec		I		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee Individual trustee or director		Highest compensated employee  Key employee  Officer		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
John L Nau III Chairman	4 00	Х		Х				0	0	0	
Henry E Sımpson Vice-Chairman	4 00	Х		Х				0	0	0	
Harrison M Bains Jr Treasurer	4 00	Х		Х				0	0	0	
Dr Mary M Abroe Director	30	Х						0	0	0	
Edwin C Bearss Director	30	Х						0	0	0	
Paul W Bryant Jr director	30	х						0	0	0	
Walter W Buckley Jr director	30	Х						0	0	0	
Childs F Burden director	30	х						0	0	0	
Carlton B Crenshaw director	3 00	Х						0	0	0	
Beverly M DuBose III director	30	х						0	0	0	
James S Gilliland DIRECtor	30	Х						0	0	0	
Mıchael Grainger DIRECtor	3 00	Х						0	0	0	
John D Haynes DIRECtor	30	Х						0	0	0	
Jeffrey P McClanathan DIRECtor	30	Х						0	0	0	
Anne H Miller DIRECtor	30	Х						0	0	0	
Dr Libby O'Connell DIRECtor	30	Х						0	0	0	
Cricket B Pohanka DIRECtor	30	Х						0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	Name and Title Average Position (check all hours that apply)								(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Highest compensated employee  Key employee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Theodore Sedgwick DIRECtor	30	Х						0	0	0
J Dennis Sexton DIRECtor	30	х						0	0	0
Jeff Shaara DIRECtor	30	Х						0	0	0
Guy M Struve DIRECtor	30	Х						0	0	0
William W Vodra Secretary	4 00	Х		х				0	0	0
Douglas W Walker DIRECtor	30	х						0	0	0
L Dudley Walker DIRECtor	30	Х						0	0	0
W Denman Zırkle DIRECtor	30	Х						0	0	0
O James Lighthizer PRESIDENT	60 00	Х		х				190,000	0	16,210
RUTH E HUDSPETH CFO	60 00			х				84,708	0	6,244
Ronald M Cogswell COO	32 00			х				63,525	0	3,470
David Duncan DIR OF MEMBERSHIP & DEVE	50 00				х			165,954	0	23,155
Frank DeLuca Senior VP for Major Givi	50 00				х			151,784	0	15,561
Thomas Gilmore Director of Real Estate	50 00				х			151,447	0	17,269
James Campi Director of Policy & Med	50 00					х		110,667	0	13,558
1b Total			•				<b>F</b>	918,085	0	95,467

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►5

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Envelopes Unlimited PO Box 17164 baltimore, MD 21297	Printing, production & Mailing	1,540,408
Progress Printing 2677 Waterlick Road lynchburg, VA 24502	Printing & Mailing	122,607
American List Council 4300 US Highway 1 Bldg 2 Princeton, NJ 08543	mailing lists	114,870

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►3

Form 99	•		( David and )					Page <b>9</b>
Part V	<b>/</b>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$#	1a	Federated camp	paigns 1a					
亞亞	ь	Membership du	es <b>1b</b>	2,976,407				
ું ફે	c	Fundraising eve	ents 1c					
¥ <u>a</u>	d	Related organiz	ations 1d					
Ξğ	e	Government grants	s (contributions) <b>1e</b>	7,427,469				
Contributions, gifts, grants and other similar amounts	f	All other contribution	ons, gifts, grants, and <b>1f</b>	8,497,227				
ê₹	g	Noncash contri	butions included in					
ξŽ		IIIIes Ia-II b —	,942,909					
ू ह	h	Total. Add lines	s 1a-1f	•	18,901,103			
<u> </u>				Business Code				
Program Service Revenue	2a	conference registra	ntio	900,099	222,733	222,733		
æ	b							
92	c							
Ş.	d							
Ē	e							
Z 2	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		222,733			
	3		ome (including dividen					
		and other simila	aramounts)	▶	28,312			28,312
	4		tment of tax-exempt bond	proceeds <b>F</b>				
	5	Royalties			5,470			5,470
	 	Carre Branks	(i) Real	(11) Personal				
	6а   b	Gross Rents Less rental	70,949					
		expenses Rental income	70,949					
	C	or (loss)						
7	d	Net rental incor	me or (loss)		70,949			70,949
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other 3,683,639				
	ь	Less cost or other basis and sales expenses		3,685,813				
	c	Gain or (loss)		-2,174				
	d		s)	►	-2,174			-2,174
anne	8a	Gross income for events (not included) \$	luding					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) le 18 a					
the the	ь		penses <b>b</b>					
Ò	c		(loss) from fundraising	events 🟲				
	9a	Gross income fi See Part IV, lin	rom gaming activities le 19 a					
	b c		penses <b>b</b> (loss) from gaming activ	vities				
	10a	Gross sales of returns and allo		8,774				
	ь	Less cost of a	oods sold <b>b</b>	2,586				
	с	=	(loss) from sales of inve		6,188	6,188		
		Miscellaneous	Revenue	Business Code				
	11a	other		900,099	40,091	40,091		
	ь	va tax credit		900,099	22,525	22,525		
	С							
	d	All other revenu						
	e	Total. Add lines	s 11a-11d		62,616			
	12	Total revenue.	See Instructions .	▶	19,295,197	291,537	0	102,557

	990 (2009)				Page <b>10</b>
Part					
_	Section 501(c)(3) and 501(c)(4) organizations m			<b>(D)</b>	
	ll other organizations must complete column (A) but are not required to	complete columi	ns (B), (C), and (B)	(D).   (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,235,362	4,235,362		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	54,448	54,448		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members			1	
5	Compensation of current officers, directors, trustees, and				
	key employees	986,374	751,565	76,399	158,410
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,232,120	938,809	95,434	197,877
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	43,753	33,337	3,389	7,027
9	Other employee benefits	177,127	134,962	13,719	28,446
10	Payroll taxes	144,330	109,972	<del>                                     </del>	23,179
11	Fees for services (non-employees)	,	,	<u> </u>	,,
 a	Management				
b	Legal	45,678	45,678	1	_
c	Accounting	26,500	10,010	26,500	
d	Lobbying	67,975	67,975	· · ·	
e	Professional fundraising See Part IV, line 17	73,611	07,573		73,611
f	Investment management fees	58,960	41,274	5,896	11,790
	Other		,	<del>                                     </del>	
g 12	Advertising and promotion	336,393 190,495	278,258 189,795		56,692
13	Office expenses	1,977,649	1,698,794	<del>                                     </del>	174,269
14	·	233,314		· ·	
15	Information technology	255,514	142,478	9,936	80,878
	·	470 122	262.201	26 702	00.120
16	Occupancy	478,123	362,291	†	89,130
17 18	Payments of travel or entertainment expenses for any federal,	109,146	104,384	1,323	3,439
10	state, or local public officials				_
19	Conferences, conventions, and meetings	367,033	318,378	3,911	44,744
20	Interest	291,473	291,473		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	95,066	82,684	6,191	6,191
23	Insurance	41,632	34,294	3,585	3,753
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	hallowed ground MAGAZIN	240,027	240,027		<u> </u>
b	Membership Fulfillment	226,138	226,138		
с	educational programs	77,923	77,923		
d	Mapping Project	39,874	39,874		
e	bad debt	35,620	50		35,570
f	All other expenses	73,962	74,546	-1,267	683
25	Total functional expenses. Add lines 1 through 24f	11,960,106	10,574,769	389,648	995,689
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				, <u>,      </u>

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			3,957,862	1	119,222
	2	Savings and temporary cash investments			1,555,873	2	8,484,633
	3	Pledges and grants receivable, net			324,321	3	2,171
	4	Accounts receivable, net			202,660	4	6,379
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
ets	7	Notes and loans receivable, net	•			7	
Assets	8	Inventories for sale or use			1,510	8	1,510
	9	Prepaid expenses and deferred charges			107,934	9	295,459
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	54,052,282			
	ь	Less accumulated depreciation	10b	277,518	49,854,450	10c	53,774,764
	11	Investments—publicly traded securities				11	97,640
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets			121,142	14	
	15	Other assets See Part IV, line 11			7,084	15	114,414
	16	Total assets. Add lines 1 through 15 (must equal line 34)	56,132,836	16	62,896,192		
	17	Accounts payable and accrued expenses .	201,203	17	222,466		
	18	Grants payable		18			
	19	Deferred revenue	102,545	19	1,279,976		
	20	Tax-exempt bond liabilities		20			
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lie		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	•		9,248,666	23	7,331,829
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			0	25	374,928
	26	Total liabilities. Add lines 17 through 25			9,552,414	26	9,209,199
Fund Balances		Organizations that follow SFAS 117, check here ▶	lete li	ines 27			_
สม	27	Unrestricted net assets			45,747,564	27	295,653
Ba	28	Temporarily restricted net assets			832,858	28	53,391,340
þι	29	Permanently restricted net assets				29	_
Fur		Organizations that do not follow SFAS 117, check here ▶ ┌ an	d com	plete			
<u>-</u>		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	•			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			46,580,422	33	53,686,993
_	34	Total liabilities and net assets/fund balances	56,132,836	34	62,896,192		

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

Form **990** (2009)

## OMB No 1545-0047

Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization CIVIL WAR PRESERVATION TRUST

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

Attach to Form 990 or Form 990-EZ. See separate instructions.

**Employer identification number** 

								54-14266			
Part I			olic Charity Stat						structions		
ne organi:			foundation because					x )			
1 _	A church	n, conventio	on of churches, or as:	sociation of	churches <b>s</b>	ection 170(b)	)(1)(A)(i).				
2			ın <b>section 170(b)(1)</b>			•					
3 _	A hospit	al or a coop	erative hospital serv	/ice organiza	atıon descri	bed in <b>sectio</b> i	n 170(b)(1)	(A)(iii).			
4 F			organization operate y, and state	ed in conjunc	tion with a	hospital desc	ribed in <b>sec</b>	tion 170(b)(1	L <b>)(A)(iii).</b> Ent	∍rthe	
5			rated for the benefit		or universit	y owned or op	perated by a	governmenta	al unit describ	— ed ın	
<u>.</u> _			(Complete Pa	,			470/13/4				
6   7   7		deral, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> organization that normally receives a substantial part of its support from a governmental unit or from the general public									
7 /	describe	d ın	(Normany receives a		i part of its :	support from	a governme	ntal unit or ire	om the genera	i public	-
8			described in <b>section</b>		.)(vi) (Com	nplete Part II	)				
9	receipts its support acquired An organ An organ one or m the box t a By check other that section 5 If the org check th Since Au following (i) a pers	from activity ort from groby the organization organization organization organization organization foundation of the control of	t normally receives ties related to its exists investment income anization after June 3 anized and operated anized and operated supported organization b Type II x, I certify that the open managers and other eccived a written defined on the organization of the organization of the open managers and other ectly or indirectly concepts of the organization of the open managers and other organizations of the open managers of the organization of the open managers of the open	empt function and unrelation of the second s	ns—subject ated busine ee section 5 to test for p for the bene bed in section Type III is not contr or more pub from the IRS ted any gift	to certain exists taxable incomplete incompl	come (less somplete Part Seesection orm the functor section 5 sometion 5 sometion 5 sometion 5 continued or indirectly and or indirectly and organizat	nd (2) no more section 511 to till )  509(a)(4).  tions of, or to 509(a)(2) See the first discount of the section of the secti	e than 331/3% ax) from busing carry out the e section 509  Type II Type II ore disqualified in section 5	purpos (a)(3).  II - Otl d pers 09(a)( organiz	ses of Check her ons 1) or
			r of a person describ			ition.			11g(ii)		+
	` '	•	ed entity of a person	` ,		hove?			11g(iii		<del>                                     </del>
h	= =		g information about t						[119(III]	<u>'I                                    </u>	
(i) Name suppo organiz	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you no organiza col (i) o suppo	otify the tion in if your	(vi Is t organiza col (i) or in the l	he ation in ganized	A m	( <b>vii)</b> ount of pport?
			instructions))	Yes	No	Yes	No	Yes	No	<u>l</u>	
otal										1	

## Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5, 7	, or 8 of Part I	.)			
	ection A. Public Support endar year (or fiscal year beginning	_	T		T		Т	
Cal	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 200	9	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	9,425,195	14,974,713	14,896,796	12,026,415	18,90	01,103	70,224,222
2	grants ") Tax revenues levied for the organization's benefit and either							
3	paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	9,425,195	14,974,713	14,896,796	12,026,415	18,90	01,103	70,224,222
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5 from line 4							70,224,222
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 2009	•	<b>(f)</b> Total
7	A mounts from line 4	9,425,195	143,310	14,896,796	12,026,415	18,90	1,103	70,224,222
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	66,971	143,310	249,170	90,502		4,731	654,684
9	sources  Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	246,865	233,994	300,185	331,917	6	2,616	1,175,577
11	Total support (Add lines 7 through 10)							72,054,483
12	Gross receipts from related activity	ıes, etc (See ınst	ructions )	<b>I</b>	I	12	I	4,558,543
13	First Five Years If the Form 990 is check this box and stop here	for the organizati	on's first, second,	thırd, fourth, or f	ifth tax year as a 5	501(c)(3)	organız	
	ection C. Computation of Pul							
14	Public Support Percentage for 200	•		11 column (f))		14		97 460 %
L5 LC-	Public Support Percentage for 200				4.4 22	15	1 2 -	89 880 %
тьа	<b>33 1/3% support test—2009.</b> If the and <b>stop here.</b> The organization quantum				ine 14 is 33 1/3%	or more, c	neckt	his box <b>►</b> ▼
b	33 1/3% support test—2008. If the				a, and line 15 is 3	3 1/3% or	more,	. ,
172	box and stop here. The organizatio 10%-facts-and-circumstances test				o 13 165 or 16h	and line 1	1	▶□
./a	ıs 10% or more, and ıf the organıza	ition meets the "f	acts and circumst	ances" test, ched	k this box and <b>st</b>	op here. Ex	plaın	
	in Part IV how the organization me	ets the "facts and	l cırcumstances" 1	test The organiza	ation qualifies as a	publicly s	upport	. —
ь	organization 10%-facts-and-circumstances test	<b>—2008.</b> If the ora	anızatıon dıd not c	heck a box on lin	e 13, 16a, 16b, oi	r 17a and I	ıne	►l
	15 is 10% or more, and if the orga	nızatıon meets th	e "facts and cırcuı	mstances" test, o	heck this box and	stop here		
18	Explain in Part IV how the organiza supported organization <b>Private Foundation</b> If the organizat							▶□
-	instructions			, ,	,			<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an 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						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 54-1426643

Name: CIVIL WAR PRESERVATION TRUST

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
hallowed ground MAGAZIN	240,027	240,027		
Membership Fulfillment	226,138	226,138		
educational programs	77,923	77,923		
Mapping Project	39,874	39,874		
bad debt	35,620	50		35,570

DLN: 93493222003280

OMB No 1545-0047

**SCHEDULE C** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

<ul><li>Se</li><li>Se</li><li>If th</li></ul>	ection 501(c)(3) organizations that ection 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or thave filed Form 5768 (election under thave NOT filed Form 5768 (election u s," to Form 990, Part IV, Line 5 (Prozations Complete Part III	section 501(h)) ( nder section 501	Complete Part II-A Do not (h)) Complete Part II-B D	complet o not co	te Part II-B omplete Part II-A
	me of the organization			Employer id	entifica	ation number
CIV	IL WAR PRESERVATION TRUST			54-142664	1 2	
Par	t I-A Complete if the or	ganization is exempt under :	section 501(			anization.
1	•	ganization's direct and indirect politic	-		•	
2	Political expenditures			▶	\$	
3	V olunteer hours					
		<del></del>	=04.6	\ <u>'</u>		
	•	ganization is exempt under	-			
1	,	e tax incurred by the organization und			\$ <u> </u>	
2	Enter the amount of any excise	e tax incurred by organization manage	ers under sectio	n 4955 🕨	\$ <u></u>	
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?			┌ Yes ┌ No
4a	Was a correction made?					┌ Yes ┌ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt under :	section 501(	c) except section 5	01(c)	(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exem	pt function activities 🕨 🕨	\$	
2	<del>-</del>	rganızatıon's funds contributed to otl	ner organizations	s for section 527		
	exempt funtion activities			•	\$	
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b	\$	
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			· –	┌ Yes ┌ No
5	were made For each organizat contributions received that we	nd employer identification number (El ion listed, enter the amount paid from re promptly and directly delivered to littee (PAC) If additional space is ne	n the filing organ a separate politi	ızatıon's funds Also ente cal organızatıon, such as	rthe a	mount of political
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid fron filing organization's funds If none, enter -	0 - dii	) A mount of political ntributions received and promptly and rectly delivered to a separate political

organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	and filed Form 5768	(election
	Check If the filing organization belongs to			
<u>B</u>	Check I if the filing organization checked bo  Limits on Lobbying E  (The term "expenditures" means an		(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	opinion (grass roots lobbying)	288	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	82,831	
c	Total lobbying expenditures (add lines 1a and 1	b)	83,119	
d	Other exempt purpose expenditures		11,880,129	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	11,963,248	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	748,162	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	187,041	
h	Subtract line 1g from line 1a If zero or less, ent	er -0-	0	
i	Subtract line 1ffrom line 1c If zero or less, ente	er - 0 -	0	

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	(e) Total			
2a	Lobbying non-taxable amount	1,000,000	552,458	546,817	748,162	2,847,437			
ь	Lobbying ceiling amount (150% of line 2a, column(e))					4,271,156			
c	Total lobbying expenditures	68,045	85,310	73,589	83,119	310,063			
_d	Grassroots non-taxable amount	250,000	138,115	136,704	187,041	711,860			
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,067,790			
f	Grassroots lobbying expenditures	112	426			1,109			

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b	)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c	)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2611	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

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DLN: 93493222003280

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

erna	Revenue Service Attach to Fo	orm 990. F See separate instructions.			Tusbec	τιοπ
	me of the organization IL WAR PRESERVATION TRUST		Emp	loyer identificat	ion numb	er
			54-1	1426643		
Pa	rt I Organizations Maintaining Donor Ad		ınds	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99	· · · · · · · · · · · · · · · · · · ·		<b>L. Td.</b> and all	<u> </u>	
	Total number of and of user	(a) Donor advised funds	(	<b>b)</b> Funds and ot	ner accou	ints
	Total number at end of year					
:	Aggregate contributions to (during year)					
•	Aggregate grants from (during year)					
	Aggregate value at end of year					
•	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		or advi	sed	☐ Yes	☐ No
ı	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Forn	າ 990, Part IV,	line 7.	
· !	Purpose(s) of conservation easements held by the or  Preservation of land for public use (e.g., recreating in the protection of natural habitat.  Preservation of open space  Complete lines 2a-2d if the organization held a quality easement on the last day of the tax year.	on or pleasure)  Preservation of an Preservation of a c	ertified	d historic structi	-	e a
		Γ		Held at the E	nd of the	e Year
а	Total number of conservation easements		2a			8
b	Total acreage restricted by conservation easements		2b			237 00
c	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d			
,	Number of conservation easements modified, transfe the taxable year -		d by th	e organızatıon d	uring	
;	Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	— ling of	violations, and	✓ Yes	┌ No
,	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents d	uring the year 🛌	24	00
•	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	durıng	ıthe year ► \$ _	1,00	8
3	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sect	tion		✓ Yes	┌ No
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial				
ar	<b>TIME</b> Organizations Maintaining Collection Complete if the organization answered "		or Otl	ner Similar A	ssets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h ın fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>F</b> \$		
!	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		r fınan			
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	moraded in result by the virily fille i			- Ψ		

**b** Assets included in Form 990, Part X

e li	<b>TITLE</b> Organizations Maintaining Co	ollections of Art	, HIST	oricai ir	eası	ires, or c	otne	er Similar A	sset	<b>.S</b> (co	<u>ntınued)</u>	
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of the	e following ti	hat a	re a sıgnıfıc	ant u	ise of its colle	ction			
а	Public exhibition		d	┌ Loan o	rexc	hange prog	grams	;				
b	☐ Scholarly research e ☐ Other											
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın how	they further	r the	organızatıo	n's e	xempt purpose	ın			
5	During the year, did the organization solicit assets to be sold to raise funds rather than							nılar	<b>Γ</b> γ	'es	┌ No	
Pai	t IV Escrow and Custodial Arrang					n answere	ed "Y	es" to Form	990,			
_	Part IV, line 9, or reported an ar											
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	ediary f	for contribut	ions	or other as	sets	not	<b>┌</b>	'es	┌ No	
ь	If "Yes," explain the arrangement in Part XI	V and complete the	follown	ng table								
								А	mour	it		
c	Beginning balance						1c					
d	Additions during the year						1d					
e	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?						<b>┌</b> Y	'es	┌ No	
ь	If "Yes," explain the arrangement in Part XI\	/										
Pa	rt V Endowment Funds. Complete											
_		(a)Current Year 937,503	(b)	Prior Year	+ ` ^	wo Years Bac	k (d	)Three Years Bac	k (e)	Four Ye	ears Back	
1a	Beginning of year balance	175,000		1,428,969 800,030	1				+			
b	Contributions	3,550		15,459	+		_		+			
c d	Investment earnings or losses Grants or scholarships	3,330		15,757					+			
u e	Other expenditures for facilities			1,306,955								
-	and programs			_,,								
f	Administrative expenses											
g	End of year balance	1,116,053		937,503								
2	Provide the estimated percentage of the year	r end balance held a	as									
а	Board designated or quasi-endowment 🕨	100 000 % %										
ь	Permanent endowment 🕨 %	)										
c	Term endowment ► %											
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	hat are held	and	admınıstere	ed for	the	г			
	organization by  (i) unrelated organizations							2:	a(i)	Yes	No No	
	(ii) related organizations				•				(ii)		No	
ь	If "Yes" to 3a(II), are the related organization			 :hedule R?			٠.		3Ь			
4	Describe in Part XIV the intended uses of th	ne organization's end	dowme	nt funds					•			
Par	t VI Investments—Land, Building	s, and Equipme	nt. Se	ee Form 99	90, P	art X, line	10.	I				
	Description of investment			(a) Cost or o basis (investr		( <b>b)</b> Cost or o		(c) Accumulate depreciation	d	( <b>d)</b> Boo	ok value	
1a	Land					52,44	9,596			52	2,449,596	
b	Buildings		. [			13	0,000	29,5	21		100,479	
c	Leasehold improvements		. [			1,17	6,367	91,6	80		1,084,687	
d	Equipment		. [			29	6,319	156,3	17		140,002	
е	Other		. [								· <u> </u>	

53,774,764

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	. ,	Cost or end-of	year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990 Part X line	13	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin			
	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Descrip	ne 15. ition  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. ition  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)  (b) A mount  162,042 128,165		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)  (b) A mount  162,042 128,165		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)  (b) A mount  162,042 128,165		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)  (b) A mount  162,042 128,165		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)  (b) A mount  162,042 128,165		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)  (b) A mount  162,042 128,165		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)  (b) A mount  162,042 128,165		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)  (b) A mount  162,042 128,165		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)  (b) A mount  162,042 128,165		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)  (b) A mount  162,042 128,165		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)  (b) A mount  162,042 128,165		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)  (b) A mount  162,042 128,165		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DEFERRED RENT  DEFERRED COMPENSATION PAYABLE	5.)  (b) A mount  162,042 128,165		(b) Book value

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,295,197
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,960,106
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,335,091
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-247,799
8	Other (Describe in Part XIV)	8	19,279
9	Total adjustments (net) Add lines 4 - 8	9	-228,520
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,106,571
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	19,320,929
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 20,004		
е	Add lines <b>2a</b> through <b>2d</b>	2e	23,146
3	Subtract line <b>2e</b> from line <b>1</b>	3	19,297,783
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-2,586
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	19,295,197
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	11,966,256
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 3,008		
e	Add lines <b>2a</b> through <b>2d</b>	2e	6,150
3	Subtract line <b>2e</b> from line <b>1</b>	3	11,960,106
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	11,960,106
Pai	rt XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	<b>Explanat ion</b>
Part II, Line 9	Description of How Organization Reports Conservation Easements	Conservation easements are recorded as an asset on the balance sheet
Part V, Line 4	Description of Intended Use of Endowment Funds	Board - The objective of the fund is to have a source of equity funds available to acquire targeted land, which will then be reimbursed to the fund through federal, state and other sources of funding
Part XI, Line 8 - Other Adjustments		change in value of the swap 19279
Part XII, Line 2d - Other Adjustments		change in value of interest rate swap 19279 consolidated entity activities 725
Part XII, Line 4b - Other Adjustments		cost of sales -2586
Part XIII, Line 2d - Other Adjustments		cost of sales 2586 consolidated entity activities 422
		The organization has a written document regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds

As Filed Data -

DLN: 93493222003280

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-F7 ► See separate instructions

Open to Public

Name of the organization					Employer iden	tification number
CIVIL WAR PRESERVATION	N IRUSI				54-1426643	
	Activities. Complet			ition answered "Yes" to is part.	o Form 990, Part IV	, line 17.
1 Indicate whether the or	ganızatıon raısed funds	through a	any of the	e following activities Che	ck all that apply	
<b>a</b> Mail solicitations			e	Solicitation of non-	government grants	
<b>b</b> Internet and e-mail	solicitations		f	☐ Solicitation of gove	ernment grants	
c Phone solicitations			g	Special fundraising	j events	
d   In-person solicitati	ons					
<u>-</u>			•	dividual (including officers	•	
or key employees listed  b If "Yes," list the ten hig	d in Form 990, Part VII hest paid individuals of	() or entity r entities (	/ in conne (fundrais	dividual (including officers ection with professional fu ers) pursuant to agreeme O-EZ filers are not requir	undraising activities? nts under which the fun	
or key employees listed  b If "Yes," list the ten hig	d in Form 990, Part VII hest paid individuals of	(iii) fundrais custo contribut	r in connection (fundrais: Form 99  Did er have dy or rol of utions?	ection with professional fu ers) pursuant to agreeme	undraising activities? nts under which the fun	draiseris
or key employees listed  b If "Yes," list the ten hig to be compensated at li  (i) Name of individual	d in Form 990, Part VII hest paid individuals of east \$5,000 by the org  (ii) Activity	(iii) or entity r entities ( lanization (iii) fundrais custo contr	(fundraise Form 99 Did er have dy or	ection with professional fuers) pursuant to agreeme 0-EZ filers are not requir (iv) Gross receipts	nts under which the funced to complete this tab  (v) A mount paid to  (or retained by) fundraiser listed in	draiser is ble  (vi) A mount paid to (or retained by)
or key employees listed  b If "Yes," list the ten hig to be compensated at li  (i) Name of individual	d in Form 990, Part VII hest paid individuals of east \$5,000 by the org	(iii) fundrais custo contribut	r in connection (fundrais: Form 99  Did er have dy or rol of utions?	ection with professional fuers) pursuant to agreeme 0-EZ filers are not requir (iv) Gross receipts	nts under which the funced to complete this tab  (v) A mount paid to  (or retained by) fundraiser listed in	draiser is ble  (vi) A mount paid to (or retained by)

licensing

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	( <b>d)</b> To	otal Eve ol <b>(a)</b> th ol <b>(c)</b> )	
Revenue	1 2 3	Gross receipts  Less Charitable contributions  Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Ses	5 6	Non-cash prizes				+		
Expenses	7	Food and beverages						
Direct B	8	Entertainment						
ឨ	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			<b>.</b> 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I <b>(a)</b> th ol <b>(c)</b> )	
	1 (	Gross revenue						
Ses	2 (	Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (	Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			<b>.</b>			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> <del>.</del> .</u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
Ь		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					.	
12		ne organization a grantor, beneficia ied to administer charitable gaming				.   .,		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
<b>.7</b>	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493222003280

OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

Internal Revenue Service

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

**Inspection** Employer identification number

Name of the organization						Employer identification	on number
CIVIL WAR PRESERVATION TRUST	54-1426643						
Part I General Information	on Grants and	Assistance				•	
<ul> <li>Does the organization maintain rethe selection criteria used to awa</li> <li>Describe in Part IV the organization</li> </ul>	ard the grants or as:	sistance?					√ Yes
Part II Grants and Other As Form 990, Part IV, line Part IV and Schedule I	21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							

Cat No 50055P

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	, <b>(f)</b> Description of non-cash assistance
To aid in acquiring conservation easement AT Wood Lake, MN	2	25,000			
Boy Scout Project	1	500			
To aid in acquiring conservation easement at Currier tract at Rappahannock Station, VA	1	28,948			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

<b>Ident if ier</b>	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Most of CWPT's grants issued are reimbursement grants to aid in acquiring land or conservation easements. The grant is not issued until the land or easement has been acquired or at the time of settlement. CWPT issued a grant to a scholarship fund. These types of grants do not need monitoring.

Software ID: Software Version:

**EIN:** 54-1426643

Name: CIVIL WAR PRESERVATION TRUST

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lee Jackson Education Foundation co Troutman Sanders111 E Main street RICHMOND,VA 23219	54-0581000	501(C)(3)	427,762				To aid in acquiring tract at McDowell Battlefield tract
Shenandoah Valley Battlefields FoundationPO Box 897 new market, VA 22844	54-2007460	501(C)(3)	380,000				To aid in acquiring Huntsberry tract at Third Winchester, VA
Shenandoah Valley Battlefields FoundationPO Box 897 new market, VA 22844	54-2007460	501(C)(3)	177,500				To aid in acquiring conservation eastment at Cross Keys, VA
Brice's Crossroad Ntl Btlfd Comm111 W Clayton Street baldwyn, MS 38824	64-0867348	501(C)(3)	124,650				To aid in acquiring Smithey & Watson tract at Brice's Crossroads, MS
Shenandoah Valley Battlefields FoundationPO Box 897 new market, VA 22844	54-2007460	501(C)(3)	104,500				To aid in acquiring conservation eastment at Fishers Hill, VA
Willow Run Co Inc15175 Montrose lane culpeper, VA 22701			60,000				Reimburse expenses related to cons easement, Brandy Station, V A
Brice's Crossroad Ntl Btlfd Comm111 W Clayton street baldwyn, MS 38824	64-0867348	501(C)(3)	55,700				To aid in acquiring Creely tract at Brice's Crossroads, MS
Piedmont Environ Council45 Horner street warrenton, VA 201863415	54-0935569	501(C)(3)	50,000				To aid in acquiring Gilbert's Corner tract at Aldie, V A
Land Trust of VirginiaPO Box 14 Middleburg, VA 20118	54-1601471	501(C)(3)	30,000				Deborah Fitts Battlefield Scholarship Fund
State of Florida co Smith Thompson Shaw & Manausa 3520 Thomasville Road Tallahassee, FL 32309	59-6007353		19,908				Reimbursement of costs for ESA, survey, closing fee, & Reimbursement of costs for ESA, survey, closing fee, & title ins on Rakeshaw tract at Natural Bridge, FL

Form 990,Schedule I, Par	t II, Grants ar	ıd Other Assistanc	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable			(f) Method of valuation (book, FMV, appraisal, other)	n (g) Description of	(h) Purpose of grant or assistance					
FARM Appraisal1507 N Forbes rd lexington, KY 40511	61-1514586		8,000				Appraisal cost for USDA - NRCS - FRPP conservation easement on Hankla tract at Perryville, KY					
Forest Managers & Consult 1229 Highway 72 E tuscumbia,AL 35674	63-0756500		7,000				Appraisal cost to acquire Smithey & Watson tract at Brice's Crossroads, MS					
State of Tennessee 312 Rosa L Parks Ave St 2200 Nashville, TN 37423				114,119	9 APPRAISAL		BATTLEFIELD PRESERVATION					
National Park Service1100 Ohio Dr SW WASHINGTON, DC 20242	53-0197094			1,372,303	3 APPRAISAL		BATTLEFIELD PRESERVATION					
USDOI National Park Service 791 Baltimore St GETTSBURG,PA 17325	53-0197094			278,999	9 APPRAISAL		BATTLEFIELD PRESERVATION					
State of North Carolina1321 Mail Service Center RALEIGH, NC 27699				648,183	3 APPRAISAL		BATTLEFIELD PRESERVATION					
Friends of Raymond IncPO Box 1000 Raymond, MS 39154	64-0895846	501(c)(3)		333,158	8 APPRAISAL		BATTLEFIELD PRESERVATION					
AMERICANS FOR BATTLEFIELD PRESERVATION1156 15th St NW WASHINGTON, DC 20005	04-3843239	501(C)(4)		30,000			START-UP SUPPORT					
1												

DLN: 93493222003280

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of	t he organizat ion
CIVIL WAR	PRESERVATION TRUS

**Employer identification number** 

54-1426643

Pa	rt I Questions Regarding Compensation	1					
					Yes	Νo	
1a	Check the appropiate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III t						
	First-class or charter travel	Γ	Housing allowance or residence for personal use				
	Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	$\vdash$	Health or social club dues or initiation fees				
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b			
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive I			2			
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee		y				
	_	  -	Written employment contract Compensation survey or study				
	☐ Independent compensation consultant☐ Form 990 of other organizations	<u>'</u>	Approval by the board or compensation committee				
	1 of the 990 of other organizations	,	Approval by the board of compensation committee				
4	During the year, did any person listed in Form 990, Poor a related organization	art VII	I, Section A, line ${ t 1a}$ with respect to the filing organization				
а	Receive a severance payment or change-of-control p	oaymen	nt?	4a		Νo	
ь	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νο	
	If "Yes" to any of lines 4a-c, list the persons and pro						
	Only 501(c)(3) and 501(c)(4) organizations only mus	st com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of						
а	The organization?			5a		Νo	
	Any related organization?			5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ine 1a,	, did the organization pay or accrue any				
а	The organization?			6a		Νo	
ь	Any related organization?			6b		Νo	
	If "Yes," to line 6a or 6b, describe in Part III						
7							
8	Were any amounts reported in Form 990, Part VII, pa	aıd or a	accured pursuant to a contract that was			No	
	subject to the initial contract exception described in	Regs	section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III			8		Νo	
9	If "Yes" to line 8, did the organization also follow the section 53 $4958\text{-}6(c)\text{?}$	rebutt	able presumption procedure described in Regulations	9			

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI		(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(ı)-(D)	Form 990 or Form 990-EZ
O James Lighthizer	(ı) (ıı)	190,000	-	0	11,400 0	6,752 0	208,152	0 0
David Duncan	(I) (II)	165,954 0	0	0 0	9,957 0		191,051	0 0
Frank DeLuca	(I) (II)	151,784 0		0 0	7,083 0		168,875	0 0
Thomas Gilmore	(ı) (ıı)	151,447 0	0	0 0	7,572 0		170,246	0 0
							!	
							!	
							!	
							!	
							!	
							!	
							!	
							!	
. '								· ·

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation

Schedule J (Form 990) 2009

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**DLN: 93493222003280**OMB No 1545-0047

Schedule K (Form 990) Supple

**Supplemental Information on Tax Exempt Bonds** 

2009

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule 0 (Form 990).
 ► Attach to Form 990.
 ► See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
CIVIL WAR PRESERVATION TRUST

Employer identification number

54-1426643

Pa	rt I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	( <b>d)</b> Dat	te Issued	<b>(e)</b> Issu	ie Price	(f) Des	cription of	Purpose	<b>(g)</b> D	efeased	Beh	On alf of uer	
											Yes	No	Yes	No	
A	Commonwealth of Virginia	54-1237426	849260AA2	05-22	2-2007	6	,000,000	Economic D Preservation		ne Civil War		X		Χ	
Pai	rt III Proceeds							rieservatio	iii i i ust i i t	o jec t					
					A		В		С		<b>)</b>		Е		
1	Total proceeds of issue				6,000,000										
2	Gross proceeds in reserve funds														
3	Proceeds in refunding or defeasanc	e escrows			5,865,493										
4	Other unspent proceeds														
5	Issuance costs from proceeds				134,507										
6	Working capital expenditures from	proceeds													
7	Capital expenditures from proceeds	S													
8	Year of substantial completion														
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No	
9	Were the bonds issued as part of a	current refunding is	sue?	Х											
10	Were the bonds issued as part of ai	n advance refunding	ıssue?		X										
11	Has the final allocation of proceeds	s been made?		Χ											
12	Does the organization maintain ade the final allocation of proceeds?	equate books and re	cords to support	х											
Par	t IIII Private Business Use														
					Α		В		С		)		E		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No	
1	Was the organization a partner in a which owned property financed by t		ember of an LLC,		x										
2	Are there any lease arrangements which may result in private busines		inanced property		×										
For P	or Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.					Cat No	50193E				Schedul	e K (Form	990) 20	09	

		(Form 990) 2009													Pag	e Z
Part :	* * *	Private Business Use (Continued)						_								
				V	Α	N.	V		,	<b>V</b>	C	V-	D	V	E	
		there any management or service contracts with respect to iced property which may result in private business use?	o the	Yes		No X	Yes	No		Yes	No	Ye	s No	Yes	No	
3b	A re t	there any research agreements with respect to the finance h may result in private business use?	d property			X										
3с	Does couns	s the organization routinely engage bond counsel or other of isel to review any management or service contracts or reso ements relating to the financed property?				Х										
	by en	r the percentage of financed property used in a private bus ntities other than a section 501(c)(3) organization or a sta rnment														
	as a i orgar govei	r the percentage of financed property used in a private bus result of unrelated trade or business activity carried on by nization, another section 501(c)(3) organization, or a state riment  I of lines 4 and 5	your													
7	Hast	the organization adopted management practices and proce ire the post-issuance compliance of its tax-exempt bond li		X												
Part	_															
				A			В			C			D		E	
_	Penal	a Form 8038-T, Arbitrage Rebate, Yield Reduction and alty in Lieu of Arbitrage Rebate, been filed with respect to bond issue?	Yes	No X		Yes	No		Yes		No	Yes	No	Yes	No	
2	Is the	ie bond issue a variable rate issue?	X													
		the organization or the governmental issuer identified a le with respect to the bond issue on its books and rds?	Х													
b	Name	e of provider	SUNTRUS	TBANK												
c ·	Term	n of hedge	2 500	00000000	00											
4a	Were	gross proceeds invested in a GIC?		Х												
b	Name	e of provider														
c	Term	n of GIC														
		the regulatory safe harbor for establishing the fair market e of the GIC satisfied?		х												
		e any gross proceeds invested beyond an available porary period?		Х												
6	Dıd tl	the bond issue qualify for an exception to rebate?		X												

## OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization CIVIL WAR PRESERVATION TRUST

**Employer identification number** 

E4 1436643

Pa	rt I Types of Property				54-1426643			
	уровоннорому	(a) Check If	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	<b>(d</b> Method of do reven	etermi	nıng	
1	Art—Works of art	applicable		1 g				
	Art—Historical treasures							
	Art—Fractional interests							
4	Books and publications	X		1,000	rost			
	Clothing and household goods			1,000				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other	Х	2	1,941,909	A pprais als			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ▶()							
	O ther ▶()							
	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29			52
20	D		- h.,h., b., b.,	and and a substitution of the state of the s	1 20 46 - 1 - 1		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	d to be used			
	for exempt purposes for the enti					30a		No
Ь	If "Yes," describe the arrangem	ent in Part I	ΞI					
31	Does the organization have a gif	·		•		31		No
32a	Does the organization hire or us contributions?		es or related organizations	to solicit, process, or sell i	non-cash	32a		Νο
Ь	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

## **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization
CIVIL WAR PRESERVATION TRUST

Employer identification number
54-1426643

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The President, COO, CFO, Directors, audit Committee and Chairman of the CWPT board review the 990 before it is filed either in paper or electronic form. If any corrections need to be made, the auditing firm will be notified. If a corrected 990 is needed, it will be reviewed before it is filed.
Form 990, Part VI, Section B, line 12c		Whenever a Trustee has a potential direct or indirect personal interest in a proposed transaction of the Corporation, he shall disclose the material facts of the transaction, the nature of his potential interest in the transaction, and any other relevant information regarding the transaction to the Board of Trustees Thereafter, the Trustee shall not be permitted to participate in the final Board deliberation regarding such transaction, and shall not be permitted to vote on such transaction. The Board of Trustees reviews the Conflict of Interest Policy on a yearly basis
Form 990, Part VI, Section B, line 15		Civil War Preservation Trust will pay salaries that are competitive with those paid for comparable positions in other non-profit organizations. Each employee's salary is reviewed annually. Salary adjustments, if any, will be discussed at this time as well. Salary adjustments will be prepared and recommendations will be made at the time the budget is presented to the Board. If approved, they will become effective at the President's discretion
Form 990, Part VI, Section C, line 19		The governing documents, Conflict of Interest Policy, and financial statements are available for inspection at our Hagerstown and DC offices and will provide copies upon request

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DLN: 93493222003280

2009

OMB No 1545-0047

## **SCHEDULE R** (Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury

Open to Public

nternal Revenue Sei	ervice						Inspection
	organization SERVATION TRUST					Employer identifica	tion number
Part I	Identification	of Disregarded Entities (Complete	o if the organization a	neworod "Voe" on	Form 990 Part IV	54-1426643	
PaitI	Identification	of Distegatued Entities (Complete	e ii tile organization a	ilswered tes on	roilli 990, Pait I	v, iiile 33.)	
	Name, address, an	(a) d EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income Ei	<b>(e)</b> nd-of-year assets	<b>(f)</b> Direct controlling entity
		of Related Tax-Exempt Organizadd tax-exempt organizations during the		ne organization ans	swered "Yes" on I	Form 990, Part IV,	line 34 because it had one
	Name, address, and	(a) I EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity
Americans for B	Battlefield Preservation	n					
1156 15th St N	W Suite 900		promote awareness of the plight of our nation's remaining hallowed	DC	501(c)(4)		N/A
washington, DC 40-3843239	C 20005		battlegro				

Part III	<b>Identification of Related Organizations Taxab</b>	<b>ble as a Partnership</b> (Co	mplete if the organization answered	d "Yes" on Form	990, Part IV	/, line 34
	because it had one or more related organizations tr	reated as a partnership dur	ing the tax year.)			
	(c)	(-)		(h)	(i)	

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

**(f)** Share of total income (g) Share of end-of-year assets (h) (i)
Disproprtionate allocations? Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

(j) General or managing partner?

Yes No

Yes

No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c)
Legal domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f)
Share of total income
(g)
Share of end-of-year assets

(h) of Percentage year ownership

Schedule R (Form 990) 2009		Pa	age <b>3</b>
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35	, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b	Yes	
<b>c</b> Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	<b>1</b> g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1 <u>j</u>		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	1	No
n Sharing of paid employees	1n		No

• Reimbursement paid to other organization for expenses **p** Reimbursement paid by other organization for expenses

**q** O ther transfer of cash or property to other organization(s)

r O ther transfer of cash or property from other organization(s)

2	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved

(1) Americans for Battlefield Preservation

(1) See Additional Data Table

(2)

(3) (4)

(5)

(6)

10

1р

**1**q

No

No

No No

30,000

## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Are all partners section 501(c)(3) organizations?

Yes No

end-of-year

(e)

Share of

assets

(f) Disproprtionate allocations?

Yes

No

(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)

(h) General or managing partner?

Yes