efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493031008169 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a> Open to Public Department of the Treasury Inspection Internal Revenue Service

			ginning 04-01-2017 $$ , and ending 03-									
Che	ck if applicable	C Name of organization AMERICAN BATTLEFIELD TRUST		51 2010	D Employer	ıdentıfı	cation number					
	dress change	AMERICAN BATTLETIELD TROST			54-14266	643						
	me change tial return	Doing business as										
	al return/terminated				E Telephone	number						
	ended return olication pending	1140 DROFECCIONAL COURT	If mail is not delivered to street address) Room/	suite	(301) 665							
<b>—</b> л.р,	Silection penality	- T	country, and ZIP or foreign postal code		(301) 00.	3-1400						
		HAGERSTOWN, MD 21740			<b>G</b> Gross rece	epts \$ 38	3,760,715					
		F Name and address of princ	ipal officer	H(a)	Is this a group retu	rn for						
		O JAMES LIGHTHIZER 1140 PROFESSIONAL COURT			subordinates?		□Yes ☑No					
		HAGERSTOWN, MD 21740			Are all subordinate: included?	S	☐ Yes ☐No					
Tax	c-exempt status	501(c)(3) 501(c)()	◀ (insert no ) ☐ 4947(a)(1) or ☐ 527		If "No," attach a lis	•	•					
W	ebsite:► W	WW BATTLEFIELDS ORG		H(c)	Group exemption n	umber f	<b>&gt;</b>					
Forn	n of organization	Corporation Trust A	Association Other ►	<b>L</b> Year of	f formation 1987	<b>M</b> State o	of legal domicile VA					
Pa	rt II Sum	nmary										
	<b>1</b> Briefly de	escribe the organization's mission										
			SERVES AMERICA'S HALLOWED BATTLEG 5 TO FACILITATE AWARENESS, APPRECIA									
			UNITED STATES THROUGH PROTECTION									
ני	THOSE R	ELATED TO THE CIVIL WAR AND	OTHER WARS AND MILITARY CONFLICTS									
<u> </u>	INTENTIO	ON OF ENSURING THEIR PERPET	TUAL PRESERVATION									
٤												
an kellidilike												
			discontinued its operations or disposed of									
Activities a		-	rning body (Part VI, line 1a)			3	29					
		Number of independent voting members of the governing body (Part VI, line 1b)										
ŧ		• •	necessary)		• •	6	68					
		`	Part VIII, column (C), line 12			7a	0					
			rom Form 990-T, line 34		• •	7a 7b	4,438					
	D Net dille	traced business taxable medine i	10/11/0/11/1990 1, IIIIC 94 1 1 1 1	<del></del>	Prior Year	11	Current Year					
			413	-								
_	l <b>8</b> Contribu	itions and grants (Part VIII, line	in)		30,896,56	121	3/.992./22					
en u		itions and grants (Part VIII, line n service revenue (Part VIII, line	2g)		30,896,56 196,55		37,992,722 193,471					
ënuë vel	<b>9</b> Program	service revenue (Part VIII, line	•			54						
Ravenue	9 Program 10 Investm	service revenue (Part VIII, line	2g)		196,55	54 )1	193,471					
Ravenue	<ul><li>9 Program</li><li>10 Investm</li><li>11 Other re</li></ul>	n service revenue (Part VIII, line ent income (Part VIII, column (A evenue (Part VIII, column (A), lin	2g)		196,55 14,09	54 91 55	193,471 19,321					
Ravenue	<ul><li>9 Program</li><li>10 Investm</li><li>11 Other re</li><li>12 Total re</li></ul>	n service revenue (Part VIII, line ent income (Part VIII, column (A evenue (Part VIII, column (A), lin	2g)		196,55 14,09 707,45	54 51 55 52	193,471 19,321 319,094					
Ravenue	<ul><li>9 Program</li><li>10 Investm</li><li>11 Other re</li><li>12 Total rev</li><li>13 Grants a</li></ul>	n service revenue (Part VIII, line ent income (Part VIII, column (A evenue (Part VIII, column (A), lin evenue—add lines 8 through 11 (i and similar amounts paid (Part I)	2g)		196,55 14,09 707,45 31,814,66	54 51 55 52	193,471 19,321 319,094 38,524,608					
	<ul><li>9 Program</li><li>10 Investm</li><li>11 Other re</li><li>12 Total rev</li><li>13 Grants a</li><li>14 Benefits</li></ul>	n service revenue (Part VIII, line ent income (Part VIII, column (A), lin evenue (Part VIII, column (A), lin venue—add lines 8 through 11 (i and similar amounts paid (Part IX paid to or for members (Part IX	2g)		196,55 14,09 707,45 31,814,66	64 91 65 62 86 0	193,471 19,321 319,094 38,524,608 5,534,411					
	<ul> <li>9 Program</li> <li>10 Investm</li> <li>11 Other re</li> <li>12 Total rev</li> <li>13 Grants at</li> <li>14 Benefits</li> <li>15 Salaries</li> </ul>	en service revenue (Part VIII, line ent income (Part VIII, column (A), line evenue (Part VIII, column (A), line evenue—add lines 8 through 11 (in and similar amounts paid (Part IX) paid to or for members (Part IX) , other compensation, employee	2g)		196,55 14,09 707,45 31,814,66 5,197,62	64 91 65 62 86 0	193,471 19,321 319,094 38,524,608 5,534,411					
	<ul> <li>9 Program</li> <li>10 Investm</li> <li>11 Other re</li> <li>12 Total rev</li> <li>13 Grants a</li> <li>14 Benefits</li> <li>15 Salaries</li> <li>16a Professi</li> <li>b Total fund</li> </ul>	en service revenue (Part VIII, line ent income (Part VIII, column (A), line evenue (Part VIII, column (A), line venue—add lines 8 through 11 (in and similar amounts paid (Part IX paid to or for members (Part IX , other compensation, employee onal fundraising fees (Part IX, column (Di draising expenses (Part IX, column (Di	2g)		196,55 14,09 707,45 31,814,66 5,197,62 4,250,75	64 11 55 66 0 0	193,471 19,321 319,094 38,524,608 5,534,411 0 4,496,755 62,153					
Expenses Ravenue	<ul> <li>9 Program</li> <li>10 Investm</li> <li>11 Other re</li> <li>12 Total rev</li> <li>13 Grants a</li> <li>14 Benefits</li> <li>15 Salaries</li> <li>16a Professi</li> <li>b Total func</li> <li>17 Other ex</li> </ul>	en service revenue (Part VIII, line ent income (Part VIII, column (A), line evenue (Part VIII, column (A), line evenue—add lines 8 through 11 (in end similar amounts paid (Part IX) paid to or for members (Part IX), other compensation, employee onal fundraising fees (Part IX, column (D) expenses (Part IX, column (A), line epenses (Part IX, column (A), line	2g)		196,55 14,09 707,45 31,814,66 5,197,62 4,250,75	64 61 65 66 0 67 70 0	193,471 19,321 319,094 38,524,608 5,534,411 0 4,496,755 62,153					
	<ul> <li>9 Program</li> <li>10 Investm</li> <li>11 Other re</li> <li>12 Total rev</li> <li>13 Grants a</li> <li>14 Benefits</li> <li>15 Salaries</li> <li>16a Professi</li> <li>b Total fund</li> <li>17 Other ex</li> <li>18 Total ex</li> </ul>	en service revenue (Part VIII, line ent income (Part VIII, column (A), line ent income (Part VIII, column (A), line enue—add lines 8 through 11 (income and similar amounts paid (Part IX) paid to or for members (Part IX), other compensation, employee onal fundraising fees (Part IX, column (D), line enueses (Part IX, column (A), line penses Add lines 13–17 (must enue enue enue enueses Add lines 13–17 (must enue enue enue enueses Add lines 13–17 (must enuese enue enueses Add lines 13–17 (must enuese enueses Add lines 13–17 (must enuese en	2g)		196,55 14,09 707,45 31,814,66 5,197,62 4,250,75 8,436,17 17,884,55	64 11 15 55 66 0 0 77 0	193,471 19,321 319,094 38,524,608 5,534,411 0 4,496,755 62,153 8,521,748 18,615,067					
Expenses	<ul> <li>9 Program</li> <li>10 Investm</li> <li>11 Other re</li> <li>12 Total rev</li> <li>13 Grants a</li> <li>14 Benefits</li> <li>15 Salaries</li> <li>16a Professi</li> <li>b Total fund</li> <li>17 Other ex</li> <li>18 Total ex</li> </ul>	en service revenue (Part VIII, line ent income (Part VIII, column (A), line evenue (Part VIII, column (A), line evenue—add lines 8 through 11 (in end similar amounts paid (Part IX) paid to or for members (Part IX), other compensation, employee onal fundraising fees (Part IX, column (D) expenses (Part IX, column (A), line epenses (Part IX, column (A), line	2g)		196,55 14,09 707,45 31,814,66 5,197,62 4,250,75 8,436,17 17,884,55 13,930,10	14 11 155 152 156 157 157 157 157 157 157 157 157 157 157	193,471 19,321 319,094 38,524,608 5,534,411 0 4,496,755 62,153 8,521,748 18,615,067 19,909,541					
Expenses	<ul> <li>9 Program</li> <li>10 Investm</li> <li>11 Other re</li> <li>12 Total rev</li> <li>13 Grants a</li> <li>14 Benefits</li> <li>15 Salaries</li> <li>16a Professi</li> <li>b Total fund</li> <li>17 Other ex</li> <li>18 Total ex</li> </ul>	en service revenue (Part VIII, line ent income (Part VIII, column (A), line ent income (Part VIII, column (A), line enue—add lines 8 through 11 (income and similar amounts paid (Part IX) paid to or for members (Part IX), other compensation, employee onal fundraising fees (Part IX, column (D), line enueses (Part IX, column (A), line penses Add lines 13–17 (must enue enue enue enueses Add lines 13–17 (must enue enue enue enueses Add lines 13–17 (must enuese enue enueses Add lines 13–17 (must enuese enueses Add lines 13–17 (must enuese en	2g)		196,55 14,09 707,45 31,814,66 5,197,62 4,250,75 8,436,17 17,884,55	14 11 155 152 156 157 157 157 157 157 157 157 157 157 157	193,471 19,321 319,094 38,524,608 5,534,411 0 4,496,755 62,153 8,521,748 18,615,067					
Expenses	9 Program 10 Investm 11 Other re 12 Total rev 13 Grants a 14 Benefits 15 Salaries 16a Professi b Total fund 17 Other ex 18 Total ex 19 Revenue	en service revenue (Part VIII, line ent income (Part VIII, column (A), line ent income (Part VIII, column (A), line enue—add lines 8 through 11 (income and similar amounts paid (Part IX) paid to or for members (Part IX), other compensation, employee onal fundraising fees (Part IX, column (D), line enueses (Part IX, column (A), line penses Add lines 13–17 (must enue enue enue enueses Add lines 13–17 (must enue enue enue enueses Add lines 13–17 (must enuese enue enueses Add lines 13–17 (must enuese enueses Add lines 13–17 (must enuese en	2g)		196,55 14,09 707,45 31,814,66 5,197,62 4,250,75 8,436,17 17,884,55 13,930,10	14	193,471 19,321 319,094 38,524,608 5,534,411 0 4,496,755 62,153 8,521,748 18,615,067 19,909,541					
Expenses	9 Program 10 Investm 11 Other re 12 Total rev 13 Grants a 14 Benefits 15 Salaries 16a Professi b Total fund 17 Other ex 18 Total ex 19 Revenue	ent income (Part VIII, line ent income (Part VIII, column (A), line evenue (Part VIII, column (A), line evenue—add lines 8 through 11 (income) and similar amounts paid (Part IX) paid to or for members (Part IX), other compensation, employee onal fundraising fees (Part IX, column (A), line evenues (Part IX, column (A), line penses Add lines 13–17 (must evenues expenses Subtract line 18)	2g)		196,55 14,09 707,45 31,814,66 5,197,62 4,250,75 8,436,17 17,884,55 13,930,10 nning of Current Yea	14	193,471 19,321 319,094 38,524,608 5,534,411 0 4,496,755 62,153 8,521,748 18,615,067 19,909,541 End of Year					
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Net Assets of Expenses	9 Program 10 Investm 11 Other re 12 Total rev 13 Grants a 14 Benefits 15 Salaries 16 Professi b Total fund 17 Other ex 18 Total ex 19 Revenue 20 Total as: 21 Total lia 22 Net asse till Sign penalties of j edge and beli	ent income (Part VIII, line ent income (Part VIII, column (A), line evenue (Part VIII, column (A), line evenue—add lines 8 through 11 (in evenue—add lines 8 (Part IX, column (D) (in evenue—add lines 13–17 (must evenue—add lines 13–17 (must evenue—add lines (Part X, line 16)	2g)	Begin	196,55 14,09 707,45 31,814,66 5,197,62 4,250,75  8,436,17 17,884,55 13,930,10 nning of Current Yea  113,283,38 5,369,87 107,913,51  es and statements, sed on all informat	14	193,471 19,321 319,094 38,524,608 5,534,411 0 4,496,755 62,153 8,521,748 18,615,067 19,909,541 End of Year 132,745,796 4,891,602 127,854,194 the best of my					
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Parameter of Expenses  Expenses  Parameter of Expenses  Expenses  Expenses	9 Program 10 Investm 11 Other re 12 Total rev 13 Grants a 14 Benefits 15 Salaries 16a Professi b Total func 17 Other ex 18 Total ex 19 Revenue 20 Total as: 21 Total lia 22 Net asse till Sign penalties of redge and belinowledge	n service revenue (Part VIII, line ent income (Part VIII, column (A), line ent income—add lines 8 through 11 (income and similar amounts paid (Part IX) paid to or for members (Part IX), other compensation, employee onal fundraising fees (Part IX, column (A), line expenses (Part IX, column (A), line expenses (Part IX, column (A), line penses Add lines 13–17 (must expenses Expenses Subtract line 18 expenses (Part X, line 26)	2g)	Beging schedule	196,55 14,09 707,45 31,814,66 5,197,62 4,250,75  8,436,17 17,884,55 13,930,10 nning of Current Yea  113,283,38 5,369,87 107,913,51 es and statements, sed on all informat  2019-01-28 Date	14 11 155 166 16 16 16 16 16 16 16 16 16 16 16 16	193,471 19,321 319,094 38,524,608 5,534,411 0 4,496,755 62,153 8,521,748 18,615,067 19,909,541 End of Year 132,745,796 4,891,602 127,854,194 the best of my					
And Balances  Expenses  Independent of the property of the pro	9 Program 10 Investm 11 Other re 12 Total rev 13 Grants a 14 Benefits 15 Salaries 16a Professi b Total fund 17 Other ex 18 Total ex 19 Revenue 20 Total as: 21 Total lia 22 Net asse 11 Sign penalties of pedge and belimowledge	n service revenue (Part VIII, line ent income (Part VIII, column (A), line evenue (Part VIII, column (A), line evenue—add lines 8 through 11 (in and similar amounts paid (Part IX) paid to or for members (Part IX), other compensation, employee onal fundraising fees (Part IX, column (D) expenses (Part IX, column (A), line penses Add lines 13–17 (must expenses Expenses Subtract line 18 expenses (Part X, line 26)	2g)	Beging schedule	196,55 14,09 707,45 31,814,66 5,197,62 4,250,75  8,436,17 17,884,55 13,930,10 nning of Current Yea  113,283,38 5,369,87 107,913,51 es and statements, seed on all informat  2019-01-28 Date  Check I if PT P0	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	193,471 19,321 319,094 38,524,608 5,534,411 0 4,496,755 62,153 8,521,748 18,615,067 19,909,541 End of Year 132,745,796 4,891,602 127,854,194 the best of my					

☑ Yes ☐ No

Form **990** (2017)

Cat No 11282Y

GAITHERSBURG, MD 20878

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . . . . . . .

Form	990 (2017)					Page <b>2</b>						
Par	t IIII Statement	of Program Service	e Accomplis	hments								
	Check if Sche	dule O contains a respo	onse or note to	any line in this Part III		🗹						
1	Briefly describe the o	rganization's mission										
THEF ENVI TO T	RE AND WHY IT MATTE RONMENTAL HERITAG	RS TO FACILITATE AW E OF THE UNITED STA' 'HER WARS AND MILIT	/ARENESS, APPI TES THROUGH F	RECIATION AND PROTE PROTECTION OF BATTL	DS AND EDUCATES THE PUBLIC A CTION OF THE HISTORICAL, CULT EFIELDS, INCLUDING BUT NOT LIN Y, WITH THE ULTIMATE INTENTIO	URAL AND 1ITED TO THOSE RELATED						
2	-	undertake any significa	. •	vices during the year w	hich were not listed on	☐ Yes ☑ No						
	If "Yes," describe these new services on Schedule O											
3	Did the organization	ucts, any program	☐ Yes 🗹 No									
	services?											
4	Section 501(c)(3) an		ons are required	to report the amount of	largest program services, as meas of grants and allocations to others,							
4a	(Code	) (Expenses \$	9,768,117	including grants of \$	5,534,011 ) (Revenue \$	)						
	See Additional Data					·						
4b	(Code	) (Expenses \$	3,561,976	including grants of \$	400 ) (Revenue \$	193,471 )						
	See Additional Data											
4c	(Code	) (Expenses \$	2,268,856	including grants of \$	) (Revenue \$	257,323 )						
	See Additional Data											
4d		ces (Describe in Schedi	•									
	(Expenses \$	ıncl	uding grants of	\$	) (Revenue \$	)						
4e	Total program serv	/ice expenses ►	15,598,9	49								

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

1

2

3

4

5

6

7

R

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Page 3

Nο

No

Nο

Νo

Nο

Nο

Nο

Νo

Nο

Nο

No

No

Nο

No

Nο

No

Nο

Form **990** (2017)

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . .

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 👺 . . . . . . . . . . . . . .

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

assessments, or similar amounts as defined in Revenue Procedure 98-19? 

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 🔒 .

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . .

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 🛸 . . . . . . . . . . c 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 💆 . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 12a Did the organization obtain separate, independent audited financial statements for the tax year? 

b Was the organization included in consolidated, independent audited financial statements for the tax year?

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

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

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

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	·			
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX.	22		

Page 4

Νo

Nο

Νo

Nο

Yes

Yes

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Yes

Form 990 (2017)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic
government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . 🥞

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

on report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	
2? If "Yes," complete Schedule I, Parts I and III	2
on answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's er officers, directors, trustees, key employees, and highest compensated employees? If "Yes," le J	2

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a

	990 (2017)			Page
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			Ц_
	Enterthe growth and are Barrier 1996 Fator Out that any backles 142		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 143  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and  Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	,	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
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	
b	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			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			140
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
۵a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
9a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
О.	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
U	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
b	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		I

Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction	A. Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year  1a 29			
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent 1b 28			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did th	ne organization have members or stockholders?	6		No
7a	Did th	ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a		No
b	Are ai	ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or insother than the governing body?	<b>7</b> b		No
8	Did th	ne organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing			
а		overning body?	8a	Yes	
ь	Each	committee with authority to act on behalf of the governing body?	8b	Yes	
		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
		nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	Code		
				Yes	No
		ne organization have local chapters, branches, or affiliates?	10a		No
	and b	s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, iranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	form?	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
		ribe in Schedule O the process, if any, used by the organization to review this Form 990			
		ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С	Sched	ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
L3		ne organization have a written whistleblower policy?	13	Yes	
L <b>4</b>		ne organization have a written document retention and destruction policy?	14	Yes	
L5	Did th perso	ne process for determining compensation of the following persons include a review and approval by independent ins, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b	Yes	
	If "Ye	s" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ile entity during the year?	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt s with respect to such arrangements?	16b		
Se	ction	C. Disclosure		L	
L7		ne States with which a copy of this Form 990 is required to be filed ►  AK , AL , AR , AZ , CA , CO , CT , DC , DE ,  , IL , IN , KS , KY , LA , MA , MD , ME , MI  NC , ND , NE , NJ , NH , NM , NV , NY , OH  SC , SD , TN , TX , UT , VA , VT , WA , WI	, MS , , OK ,	MN , MO OR , PA	, MT ,
L8	avaıla	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able for public inspection. Indicate how you made these available. Check all that apply			
		Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
L9		ribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest , and financial statements available to the public during the tax year			
20	State	the name, address, and telephone number of the person who possesses the organization's books and records TH HUDSPETH 1140 PROFESSIONAL COURT HAGERSTOWN, MD 21740 (301) 665-1400			

orm 990 (2	017)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's <b>current</b> off tion Enter -0- in columns (D), (	E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's <b>current</b> key		•								
vho received organization	organization's five <b>current</b> high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's <b>former</b> office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's <b>former dire</b> , more than \$10,000 of reportab	ectors or trust le compensation	<b>ees</b> that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	<b>(A)</b> Name and Title		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and			
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)	related organizations
See Additiona	al Data Table										

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

Page 8

	(A) Name and Title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	t che unles ficer	neck mo ess pers er and a tee)	rson a	(D) Reportal compensa from th organizatio 2/1099-M	ation ne n (W-	(E) Reportable compensation from related organizations (	w-	Estima amount o compens from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1035-111	150)	2/1099-MISC	organizati relat organiza	:ed	
See	Addıtıonal Data Table	-		+-	$\vdash$	$\vdash$	+	+-				$\dashv$		
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	Sub-Total	 art VII Section	 A				<b>&gt;</b>							
_				<u></u>			<b>&gt;</b>		1,482,	401		0		317,492
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bov	e) who	) rec	eıved more ti	han \$1	00,000			
												_	Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>	I for such individ	dual .	٠	•	•	• •	•	• • •			3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization					,			_	or ındı	vidual for	5	1	No
Se	ection B. Independent Contract	ors			_	_		_						
1	Complete this table for your five higher from the organization Report comper											nper	sation	
		(A)		,			*******	1			(B)	(C		
ENVE	Name a LOPES UNLIMITED	and business addre	<u> 155</u>							NTING, F	ription of services PRODUCTION & MAI	ILING	Comper	554,059
	I HORNERS LANE VILLE, MD 20850								APP	EALS,				
	STAR DIRECT MAIL										PRODUCTION & MAI	ILING		367,948
	NAVISTAR DR ERICK, MD 21703								AFF	EALS,				
	TEGIC PARTNERSHIP LLC								CON	ISULTIN	G			228,048
	KING ST STE 100 ANDRIA, VA 22314													
	FLOW DIGITAL LLC								WEE	3 CONSU	ILTING			157,995
	V BROADWAYS ST STE 300 NE, OR 97401													
1	KBAUD										CE FEE & SERVICE			152,376
	DX 930256 NTA, GA 311930256								AON	EEMENT				
	Total number of independent contractor	rs (including but	t not lim	uted t	to th		listed	abo	ve) who rece	ived mo	ore than \$100.00	)() of		

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

compensation from the organization ► 7

orm 9 Part		<u> </u>	Revenue									Page <b>9</b>
rai t	7.7			respo	onse or note to any	line in th	nıs Part VIII					. 🗆
							A) revenue	(B Relate exen funct rever	ed or npt non	(C) Unrelated business revenue	Rev exclud- tax unde	enue ed from r sections -514
(6)	<b>1</b> a	Federated campaig	ns	1a	110,684			Tevel	iue		312	314
unts	ı	<b>b</b> Membership dues	[	1b	4,110,141							
Gra mo	(	: Fundraising events	[	1c								
ts	,	d Related organizatio	ons	1d								
ia ei		e Government grants (c	ontributions)	1e	6,125,799							
tions, er Sim	1	All other contributions and similar amounts n above	, gifts, grants, lot included	1f	27,646,098							
Contributions, Gifts, Grants and Other Similar Amounts	ģ	Noncash contribution in lines 1a-1f \$		14,0	055,26 <u>5</u>							
S a a	h	Total.Add lines 1a-1	lf		•	37	,992,722					
<del>1</del> 1					Business	Code						
Program Service Revenue	2a	CONFERENCE REGISTRA	ATIO			900099	19	3,471	193,	471		
å	ь			_								
MC.	c			-								
35	d			-								
an	e			-								
rogr	f	All other program se	rvice revenue		1	93,471				<b>.</b>	'	
<u>«</u>		Total.Add lines 2a-2			<u> </u>	•						
		Investment income (ii similar amounts) .	ncluding divide	nds, ı	interest, and other		22,451					22,451
		Income from investm			•							
		_		-	<b>.</b>		65,841					65,841
			(ı) Real		(II) Personal							
	6a	Gross rents	22	8,307								
	ь	Less rental expenses		3,246		1						
						_						
	C	Rental income or (loss)		5,061								
	d	Net rental income o	r (loss)			1	5,061					5,061
			(ı) Securiti	es	(II) Other							
	7a	Gross amount from sales of			600	]						
		assets other than inventory				Ί						
	<b>.</b>	Less cost or				-						
	U	other basis and sales expenses			3,730							
	c	Gain or (loss)			-3,130	5						
	d	Net gain or (loss) .			<b>•</b>	1	-3,130					-3,130
	8a	Gross income from f										
Other Revenue		(not including \$ contributions reporte	oed on line 1c)	•								
₹		See Part IV, line 18		а		_						
<u>م</u>		Less direct expense		b	L							
hei		Net income or (loss) Gross income from g			ents •							
ŏ	Ju	See Part IV, line 19		.5								
				а		1						
		Less direct expense		b								
,		: Net income or (loss) aGross sales of invent		ictivit	ies <b>&gt;</b>	1						
ľ		returns and allowand										
				а		1						
		Less cost of goods s		b			205,804		205,804			
}	С	Net income or (loss) Miscellaneous		nvent	Business Code		203,804		203,804			
-	11	aOTHER REVENUE	Revenue		900099	)	42,388		42,388			
	_	J.IIILK INEVENUE					, -		,			
	b	,										
	_											
	c										-	
	·											
	ام	All other revenue .										
		· <b>Total.</b> Add lines 11a			<u> </u>	+					+	
							42,388					
		Total revenue. See	I I I SU UCTIONS	• •	• • • •		38,524,608		441,663		0 Form <b>9</b>	90,223 <b>90</b> (2017)

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co Check if Schedule O contains a response or note to any	-	·	. ,	🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,534,411	5,534,411	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,293,063	862,775	175,959	254,329
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,440,656	1,628,488	332,122	480,046
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	89,294	59,580	12,151	17,563
9 Other employee benefits	427,596	285,306	58,187	84,103
<b>10</b> Payroll taxes	246,146	164,237	33,495	48,414
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	101,225	80,162	17,063	4,000
c Accounting	52,218	37,249	5,222	9,747
d Lobbying	188,473	188,473		
e Professional fundraising services See Part IV, line 17	62,153			62,153
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,031,211	905,468	4,873	120,870
12 Advertising and promotion	134,056	132,891		1,165
<b>13</b> Office expenses	2,079,426	1,274,701	30,117	774,608
<b>14</b> Information technology	848,917	771,018	16,446	61,453
<b>15</b> Royalties				
<b>16</b> Occupancy	911,263	755,369	38,672	117,222
<b>17</b> Travel	267,633	226,090	15,054	26,489
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
<b>19</b> Conferences, conventions, and meetings	324,525	298,498	19,464	6,563
<b>20</b> Interest	102,177	102,177		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	389,320	365,160	9,730	14,430
23 Insurance	119,892	104,674	7,609	7,609
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a MEMBERSHIP FULFILLMENT	1,009,215	1,009,215		

658,934

198,719

62,197

42,347

18,615,067

**b** LAND MAINTENANCE

e All other expenses

c EDUCATIONAL PROGRAMS

d DUES/FEES/SUBSCRIPTIONS

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

543,517

198,719

46,296

24,475

15,598,949

367

12,628

14,844

804,003

115,050

3,273

3,028

2,212,115

Form **990** (2017)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

(B)

End of year

Page **11** 

340,967

46,688

1,362,586

120,116,595

690,810

367,146

117,809

843,315

4,891,602

9.067.249

118.786.945

127,854,194

132,745,796

Form **990** (2017)

3,563,332

132,745,796

9.887,150 .000

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

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

**Total assets.**Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

Investments—program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Less accumulated depreciation

		99 /		,
1	Cash-non-interest-bearing	76,529	1	
2	Savings and temporary cash investments	8,382,213	2	
3	Pledges and grants receivable, net	2.140.458	3	

(A)

Beginning of year

6

7

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9

10c

11 12

13

14

15

16

17

18

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22 23

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27

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29

30

31

32

33

34

46,688

1,208,371

100.798.416

630,713

485.048

152,115

873,336

5,369,871

8,457,611

99.455.906

107,913,517

113.283.388

3,859,372

113,283,388

_	<b>3</b>	' '	_	
3	Pledges and grants receivable, net	2,140,458	3	301,0
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			

121,640,684

1,524,089

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . Notes and loans receivable, net . Inventories for sale or use .

Prepaid expenses and deferred charges

10a 10b

Page **12** 

Νo

2a

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2017)

Form 990 (2017)

Schedule O

separate basis, consolidated basis, or both

Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

5	Net unrealized gains (losses) on investments			•	•	•		•		•	•	5	
6	Donated services and use of facilities											6	
7	Investment expenses											7	
8	Prior period adjustments						•					8	
_													

Other changes in net assets or fund balances (explain in Schedule O) . . . . . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10

31,136 127,854,194 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . Yes Nο ☐ Cash ☑ Accrual ☐ Other **1** Accounting method used to prepare the Form 990

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

### Additional Data

Software ID:

Software Version:

**EIN:** 54-1426643

Name: AMERICAN BATTLEFIELD TRUST

Form 990 (2017)

Form 990, Part III, Line 4a:

STATION, VA. UPPERVILLE, VA. GREENBRIER, WV AND HARPERS FERRY, WV

LAND IN 2017, THE AMERICAN BATTLEFIELD TRUST (THE "TRUST") ACHIEVED RECORD SUCCESS IN SAVING AMERICA'S UNPROTECTED REVOLUTIONARY WAR. WAR OF 1812 AND CIVIL WAR BATTLEFIELDS ENDANGERED BY SPRAWL THROUGH ACQUISITIONS AND GRANTS, THE TRUST PRESERVED 3,218 ACRES WITH 46 COMPLETED TRANSACTIONS AT 33 BATTLEFIELDS IN 12 STATES, INCLUDING PRAIRIE D'ANE, AR, PRAIRIE GROVE, AR, KETTLE CREEK, GA, MONOCACY, MD, SOUTH MOUNTAIN, MD, CARTHAGE, MO, CHAMPION HILL, MS, CORINTH, MS, VICKSBURG, MS, BENTONVILLE, NC, FORT ANN, NY, SACKET'S HARBOR, NY, GETTYSBURG, PA, EUTAW SPRINGS, SC, HANGING ROCK, SC. CHATTANOOGA, TN. FORT DONELSON, TN. SHILOH, TN. PARKERS CROSSROADS, TN. APPOMATTOX COURT HOUSE, VA. BRISTOE STATION, VA. CEDAR CREEK, VA, COLD HARBOR, VA, FREDERICKSBURG, VA, GAINES MILL, VA, KELLY'S FORD, VA, NEW MARKET HEIGHTS, VA, SECOND MANASSAS, VA, TREVILIAN

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

BATTLEFIELD LAND, ADVANCES THE CAUSE OF EDUCATION ABOUT THIS KEY PERIOD IN OUR NATION'S HISTORY, AND EDUCATES THEM DIRECTLY ON HISTORICAL ELEMENTS OF IMPORTANCE ABOUT THE NATION'S FIRST 100 YEARS, AND LAND PRESERVATION THE TRUST DEPENDS UPON ITS MEMBERS AND SUPPORTERS TO HELP

FULFILL ITS BATTLEFIELD PRESERVATION AND EDUCATION MISSIONS EVERY YEAR THROUGH THEIR DUES PAYMENTS, AS WELL AS ADDITIONAL CHARITABLE GIFTS THE TRUST ALSO HAS A MAJOR DONOR SOCIETY. AS A SUBSET OF ITS OVERALL MEMBERSHIP, CALLED "THE COLOR BEARERS." COMPRISED OF THOSE MEMBERS WHO MAKE

DUES PAYMENTS OF \$1,000 OR MORE ANNUALLY TOTAL MEMBERSHIP IN THIS GROUP WAS APPROXIMATELY 1,250 MEMBERS AT THE END OF THE FISCAL YEAR THE

MEMBERSHIP THE AMERICAN BATTLEFIELD TRUST IS A MEMBERSHIP-BASED ORGANIZATION WITH APPROXIMATELY 48,000 ACTIVE MEMBERS FROM ALL 50 STATES, AND MORE THAN A DOZEN TERRITORIES AND OTHER NATIONS EACH QUARTER, EVERY MEMBER RECEIVES OUR 48-PAGE MAGAZINE, HALLOWED GROUND, AS A FREE EDUCATIONAL MEMBERSHIP BENEFIT THE MAGAZINE HIGHLIGHTS HOW THEIR DIRECT SUPPORT HELPS PRESERVE ENDANGERED CIVIL WAR AND REVOLUTIONARY WAR

TRUST ALSO RECOGNIZES THOSE NEARLY 1,200 MEMBERS WHO HAVE ALSO MADE A PLANNED GIFT TO PRESERVATION IN A SPECIAL GROUP CALLED "THE HONOR GUARD "FURTHER. THE TRUST ENJOYS THE SUPPORT OF MORE THAN 340.000 FACEBOOK "FOLLOWERS." OPENING A NEW POOL OF POTENTIAL SUPPORTERS

EDUCATION THIS FISCAL YEAR, THE EDUCATION DEPARTMENT HOSTED ITS 17TH ANNUAL TEACHER INSTITUTE IN MEMPHIS, TN MORE THAN 185 EDUCATORS FROM ACROSS THE COUNTRY PARTICIPATED IN THIS 3-DAY PROFESSIONAL DEVELOPMENT EXPERIENCE, OFFERED FREE OF CHARGE ADDITIONAL "GENERATIONS" EVENTS, DESIGNED TO HELP PARENTS INSTILL A PASSION FOR HISTORY IN THEIR CHILDREN. WERE HELD ON SEVERAL BATTLEFIELDS THE EDUCATION DEPARTMENT EXPANDED

ITS MANY VIDEO OFFERINGS INCLUDING THE ADDITION OF A NUMEROUS LIVE BATTLEFIELD PRODUCTIONS OUR FIELD TRIP FUND HELPED TO SEND MORE THAN 4,000

Form 990, Part III, Line 4c:

STUDENTS TO HISTORIC SITES DEPARTMENT STAFF ALSO PRODUCED MORE THAN 80 WEB ARTICLES

(A) Name and Title (B) (D) (E) (C) (F) Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation hours per amount of other person is both an officer week (list from the from related compensation

	any hours	and	a dır	ecto		ustee)	)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JEFF RODEK	4 00	Х		х				0	0	0	
CHAIRMAN										_	
THOMAS H LAUER VICE-CHAIRMAN	4 00	X		x				0	0	0	
STEPHAN F NEWHOUSE TREASURER	4 00	х		х				0	0	0	

CHAIRMAN								
THOMAS H LAUER	4 00	V		<				
VICE-CHAIRMAN		×		Х			U	
STEPHAN F NEWHOUSE	4 00	_		х			0	
TREASURER		^		^			0	
WILLIAM VODRA	4 00	,						
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and Independent Contractors

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EDWIN C BEARSS

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TREASURER		_ ^	^				3	
WILLIAM VODRA	4 00	×	х			n	0	
SECRETARY		,	^				9	
DR MARY M ABROE	1 00	.,						
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WILLIAM VODRA	4 00	×		x			0	0	0
SECRETARY		_ ^						3	·
DR MARY M ABROE	1 00						n	0	0
TRUSTEE		^						3	
TRACE ADKINS	1 00							0	
		l ^	l I				l o	U	U

DR MARY M ABROE	1 00	×			n	0	0
TRUSTEE		^			9	3	· ·
TRACE ADKINS	1 00	×			0	0	0
TRUSTEE		^			3	3	0
TRAVIS ANDERSON	1 00						

TRUSTEE							
TRACE ADKINS	1 00	×			0	0	0
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TRAVIS ANDERSON	1 00	_			0	0	0
TRUSTEE		^			١	U	U

TRUSTEE							
TRAVIS ANDERSON TRUSTEE	1 00	X			0	0	C
HARRISON M BAINS JR	1 00	X	·		0	0	C

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally flours	l allu	a uii	ecc	JI / LI	usice	'	Organización	organizations	overnment and	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
PAUL W BRYANT TRUSTEE	1 00	x						0	0	0	
TERRY BEATY TRUSTEE	1 00	x						0	0	0	
KIRK J BRADLEY TRUSTEE	1 00	х						0	0	0	
WALTER W BUCKLEY IR	1 00										

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TRUSTEE
KIRK J BRADLEY
TRUSTEE
WALTER W BUCKLEY JR
TRUSTEE

JOHN CAMPBELL

JEFF DAHLGREN

ROBERT C DAUM

VINCE DOOLEY

LESTER FANT

CARLTON B CRENSHAW

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TRUSTEE

TRUSTEE

**TRUSTEE** 

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**TRUSTEE** 

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation

	any hours and a director/trustee)					organization	organizations	from the		
	for related organizations below dotted line)		Institutional Trustee	101	Key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DR GARY GALLAHER	1 00	×						0	0	0
TRUSTEE	<u> </u>	'	<u> </u>	⊥_′	⊥ ˈ	<u></u> '	L'			
BRUCE C GOTTWALD	1 00	×						0	0	0
TRUSTEE	1	1 '	1 '	'						-
MICHAEL GRAINGER	1 00	×						0	0	0
TRUSTEE	1 '	(	'							
WILLIAM J HUPP	1 00	1 1							0	

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TRUSTEE STEVE ISRAEL

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TRUSTEE

**TRUSTEE** 

**TRUSTEE** 

JOHN NAU III

KATE KELLY

DUKE R LIGON

JEFFREY P MCCLANATHAN

LT GEN RICHARD MILLS

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	for related	-		-	1	T	_	(W- 2/1099-	(W- 2/1099-	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
J DENNIS SEXTON TRUSTEE	1 00	x						0	0	0
MADHU TADIKONDA TRUSTEE	1 00	x						0	0	0
ROBERT UHLER TRUSTEE	1 00	х						0	0	0
CUCANI WILITAKED	1 00									

0

261,920

121,779

137,615

226,711

206,977

164,394

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101,970

37,031

18,913

13,768

38,338

20,547

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SUSAN WHITAKER TRUSTEE O JAMES LIGHTHIZER

.......

STEPHEN WYNGARDEN

SECRETARY/CAO

RUTH E HUDSPETH

DAVID N DUNCAN

THOMAS M GILMORE

DIR POLICY & MEDIA

DIR REAL ESTATE

JAMES J CAMPI

CHIEF DEVELOPMENT OFFICER

PRESIDENT

CFO

and Independent Contractors

and Independent Contractors (A) Name and Title

GARRY F ADFIMAN

DIR HISTORY & EDUC SAMUEL F DELUCA

SENIOR VP, MAJOR GIVING

KATHLEEN ROBERTSON

DEPUTY DIRECTOR OF RE

week (list any hours for related organizations below dotted line)
50 00
50 00
50 00

(B)

Average

hours per

طحيان باحجين

................

	an	c
or dimension	Individual trustee	

pers	n on on Is	e bo both	x, u 1 an		r
Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former
				х	
				х	
				х	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Reportable compensation from the organization (W- 2/1099- MISC)
145,552
116,113
101,340

(D)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

38,711

31,707

16,507

efil	e GR/	APHIC prii	<u> 1t - DO NO</u>	T PROCESS	As Filed Data -			DLN: 9:	3493031008169		
	HED m 990	OULE A	Com		Charity Statu			ort	2017		
990I	EZ)			•	4947(a)(1) nonexe  ▶ Attach to Form						
		f the Treasury	▶ Info	ormation abou	ıt Schedule A (Form				Open to Public Inspection		
		<b>he organiza</b> ATTLEFIELD TR						Employer identific	ation number		
		_						54-1426643			
	rt I				<b>us</b> (All organization : it is  (For lines 1 thro			see instructions.			
1	/ gam.		•		sociation of churches	-		(A)(i)			
2		•		,	1)(A)(ii). (Attach Sch						
3						•	• •				
_		·	·		vice organization desc			•			
4	Ш		esearch orga and state _	nization operati	ed in conjunction with	a nospital descri	bed in <b>section</b> :	1/U(b)(1)(A)(III). E	nter the hospital's		
5		(b)(1)(A)	( <b>iv).</b> (Comple	te Part II )	t of a college or unive				ped in <b>section 170</b>		
6		A federal, s	tate, or local	government or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)(A	\)(v).			
7	✓	-		mally receives vi). (Complete	a substantial part of it Part II )	s support from a	governmental u	init or from the genera	al public described in		
8		A communi	ty trust descr	ibed in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)				
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a		
10		from activit	ies related to income and	its exempt fun inrelated busin	(1) more than 331/39 octions—subject to cer ess taxable income (leading)	taın exceptions,	and (2) no more	than 331/3% of its su			
11		An organiza	ation organize	d and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).			
12		more public	ly supported	organizations o	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or sec	ction 509(a)(2	). See <mark>section 509(a</mark>			
a		<b>Type I.</b> A so	supporting org n(s) the powe	ganization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by			
b		Type II. A manageme	supporting o nt of the supp	rganızatıon sup	ervised or controlled i						
С		Type III f	unctionally i	, ntegrated. A s	supporting organizatio ons) You must com				ted with, its		
d		Type III n functionally	on-function integrated	<b>ally integrate</b> The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the I		pe I, Type II, Type II	functionally		
f	Enter			on-functionally organizations	integrated supporting	organization					
g				-	ipported organization(	5)		_			
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	(iv) Is the organization listed in your governing document?		(vi) Amount of other support (see instructions)		
						Yes	No				
Tota			tion Act Not			Cat No 11285		 Schedule A (Form 9			

(b)(1)(A)(ix)

Page 2

	(Complete only if you che III. If the organization for						y under Part
_	ection A. Public Support	ans to quanty un	der the tests list	eu below, pieas	e complete Part	111.)	
	Calendar year	(-) 2012	(h) 2014	(a) 201E	(4) 2016	(a) 2017	(6) Tabal
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	23,402,917	5,107,417	23,242,281	30,896,562	37,992,722	120,641,899
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	23,402,917	5,107,417	23,242,281	30,896,562	37,992,722	120,641,899
	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on						7,780,070
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	<b>Public support.</b> Subtract line 5 from line 4						112,861,829
S	ection B. Total Support	•	•	•	•	•	
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	(c)2015	(d)2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4	23,402,917	5,107,417	23,242,281	30,896,562	37,992,722	120,641,899
8	Gross income from interest,						<u> </u>
	dividends, payments received on securities loans, rents, royalties and income from similar sources	270,850	38,897	197,894	284,631	316,599	1,108,871
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	58,160	43,334	51,956	51,628	42,388	247,466
11	<b>Total support.</b> Add lines 7 through 10						121,998,236
12	Gross receipts from related activities,	etc (see instruction	ons)	•		12	1,525,895
13	First five years. If the Form 990 is for	or the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) orga	nization,
_	check this box and <b>stop here</b>					▶ □	
	ection C. Computation of Publi						
	Public support percentage for 2017 (li			olumn (f))		14	92 510 %
	Public support percentage for 2016 Sc					15	98 890 %
16a	<b>33 1/3% support test—2017.</b> If the				e 14 is 33 1/3% or	more, check this b	_
b	and <b>stop here.</b> The organization qual <b>33</b> 1/3% <b>support test—2016.</b> If the				nd line 15 is 33 1/3	3% or more, check	this
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization Part VI how the organization meets	t— <b>2017.</b> If the org	ganization did not o -and-circumstance	check a box on lines s" test, check this	box and stop her	e. Explain	▶□
Ь	organization  10%-facts-and-circumstances tes 15 is 10% or more, and if the organization Explain in Part VI how the organization	st— <b>2016.</b> If the or zation meets the "f	rganization did not facts-and-circumst	check a box on lir ances" test, check	ne 13, 16a, 16b, or this box and <b>stop</b>	17a, and line here.	▶ □

Р	art IIII Support Schedule for						
	(Complete only if you cl						er Part II. If
-	the organization fails to	qualify under	the tests listed	below, please co	omplete Part II.	)	
36	ection A. Public Support  Calendar year		Γ	I	I	I	
	(or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
C.	from line 6 ) ection B. Total Support						
-	Calendar year			1	1	I	1
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
L0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975						
11	Add lines 10a and 10b  Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
13							
	11, and 12)				1		L
14	First five years. If the Form 990 is for	r the organization	n's first, second, ti	nird, fourth, or fift	n tax year as a se	ection 501(c)(3) o	
_	check this box and stop here						▶⊔
	ection C. Computation of Public S  Public support percentage for 2017 (lin			column (f))		1.4=1	
15		,		column (1))		15	
16	Public support percentage from 2016 S					16	
	ection D. Computation of Investr			line 12 (C	5//	1 4- 1	
17	Investment income percentage for 201	•	• • • • • • • • • • • • • • • • • • • •	iine 13, column (f	"))	17	
18	Investment income percentage from 20	·	•			18	
19a	<b>33</b> 1/3% <b>support tests—2017.</b> If the o	organization did i	not check the box	on line 14, and lir	ne 15 is more thar	n 33 1/3%, and lin	_
	more than 33 $1/3\%$ , check this box and $s$	-					▶ □
b	<b>33 1/3% support tests—2016.</b> If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	janization	▶ □
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	l9a, or 19b, check	this box and see	instructions	ightharpoons

Page 4

5b

5c

6

7

8

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

organization's organizing document?

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

6

7

8

10a

answer line 10b below

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

describe the designation If historic and continuing relationship, explain	1	Ι
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
ın section 509(a)(1) or (2)	2	Ι

	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
_			$\overline{}$

	(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination	3b	
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(R) numbers?		

	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		·	
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		

	determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
If "Yes," e	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		1	

		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
                                                                                                                               9a
```

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

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

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

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

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

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
organization had an interest? If "Yes," provide detail in Part VI.
                                                                                                                                 9b
```

	leddie A (10111 990 01 990-LZ) 2017			age 3
Pa	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	Section B. Type I Supporting Organizations			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>P VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	art		
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
	Carting C. Tong II Comparing Operations			
3	Section C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	s of	103	
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organizatio (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	ın		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in organization's investment policies and in directing the use of the organization's income or assets at all times during the year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
_	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions)		
_	a  The organization satisfied the Activities Test Complete line 2 below	,		
	b  The organization is the parent of each of its supported organizations Complete line 3 below			
	c  The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity is	see instru	ctions)	
			,	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	ed 2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization involvement	′s <b>2b</b>		
3	Parent of Supported Organizations Answer (a) and (b) below.	-5		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in <b>Part VI</b> .	of <b>3a</b>		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard</i>	3b		

Page **6** 

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrat		ganization (see

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

details in <b>Part VI</b> ) See instructions				
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
	(i)	(i) (ii) Underdistributions		

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
<b>b</b> From 2013			
c From 2014			_
d From 2015			

e From 2016. . . . . . f Total of lines 3a through e

**d** Excess from 2016. . . . e Excess from 2017. . . . .

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
<b>7 Excess distributions carryover to 2018.</b> Add lines 3 <sub>1</sub> and 4c		
8 Breakdown of line 7		
a Excess from 2013		
<b>b</b> Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Schedule A (For	m 990 or 990-EZ) 2	Page
Se Pai Se	ection A, lines 1, 2, 3 rt IV, Section D, line	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, es 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
		Facts And Circumstances Test
990 Schedule	e A, Supplemen	tal Information
Return	Reference	Explanation
SCHEDULE A P	PART II LINE 10	OTHER - 2013 AMOUNT \$ 58 160 2014 AMOUNT \$ 43 334 2015 AMOUNT \$ 51 956 2016 AMOUNT \$

SCHEDULE A, PART II, LINE 10, OTHER - 2013 AMOUNT \$ 58,160 2014 AMOUNT \$ 43,334 2015 AMOUNT \$ 51,956 2016 AMOUNT \$

EXPLANATION OF OTHER 51,628 2017 AMOUNT \$ 42,388

INCOME

SCHEDULE C

(Form 990 or 990-

Internal Revenue Service

EZ)

# **Political Campaign and Lobbying Activities**

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

DLN: 93493031008169

OMB No 1545-0047

Department of the Treasury ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

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

www.irs.gov/form990.

Open to Public Inspection

f the	organization answered "Yes" or	n Form 990, Part IV, Line 3, or Form 9 nplete Parts I-A and B Do not complete	90-EZ, Part V, lin	e 46 (Politi	cal Campaign	Activities), the	en		
		01(c)(3)) organizations Complete Part		Do not con	nplete Part I-B				
• 5	Section 527 organizations Complet	e Part I-A only			•				
		n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s					R		
		t have NOT filed Form 5768 (election ui							
		Form 990, Part IV, Line 5 (Proxy Ta	x) (see separate ii	nstruction	s) or Form 990	-EZ, Part V, lin	e 35c		
	ky Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz								
	ne of the organization	addition of impletory distrib			Employer ider	ntification num	nber		
AME	RICAN BATTLEFIELD TRUST				54-1426643				
Pari	: I-A Complete if the orga	nization is exempt under section	on 501(c) or is			zation.			
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political car	mpaign activities in	Part IV (se	ee instructions f	for definition of			
2	Political campaign activity expend	litures (see instructions)			<b>&gt;</b>	\$			
3	Volunteer hours for political camp	aign activities (see instructions)							
Par	I-B Complete if the orga	nization is exempt under section	on 501(c)(3).						
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955		<b>&gt;</b>	\$			
2	Enter the amount of any excise to	ax incurred by organization managers u	nder section 4955		<b>&gt;</b>	\$			
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for	this year?			☐ Yes	□ No		
4a	Was a correction made?					☐ Yes	□ No		
b	If "Yes," describe in Part IV								
		nization is exempt under section		-		).			
1	·	ed by the filing organization for section	•			\$			
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other c	organizations for se	ection 527 e	527 exempt \$				
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	lıne 17b	b ▶ \$				
4	Did the filing organization file For	m 1120-POL for this year?				☐ Yes	□ No		
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing orgai olitical orga	nization's funds inization, such a	Also enter the			
	(a) Name	(b) Address	(c) EIN		unt paid from	(e) Amount			
					rganization's f none, enter -0-	contribution and prom directly deliv separate organization enter	otly and vered to a political i If none,		
1									
2									
3									
4									
5									
						1			

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

(a) 2014

1,343,044

262,600

335,761

233

(b) 2015

1,000,000

190.050

250,000

315

(c) 2016

1,000,000

191,098

250,000

499

(d) 2017

1,000,000

208.837

250,000

838 Schedule C (Form 990 or 990-EZ) 2017

(e) Total

4,343,044

6.514.566

852,585

1,085,761

1,628,642

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Schedule C (Form 990 or 990-EZ) 2017

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

No

Yes

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

Explanation

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

## **Supplemental Financial Statements**

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

DLN: 93493031008169 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection

	me of the organization ERICAN BATTLEFIELD TRUST			E	Employer identification number		
ΑIY	ENIONI DATTELITED TROST			54	-1426643		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Yes				ccounts.		
		(a) Donor ac	lvised funds	5	(b)Fund	s and other a	ccounts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc		ssets held ıı	n donor advise	d funds are	_	Yes 🗌 No
6	Did the organization inform all grantees, donors, and dor charitable purposes and not for the benefit of the donor private benefit?	nor advisors in writing or donor advisor, or fo	that grant or any other	funds can be u r purpose conf	ised only fo erring imper	rmissible	Yes 🗌 No
Pa	rt III Conservation Easements. Complete if the	e organization ansv	vered "Yes	s" on Form 9	90, Part IV	', line 7.	
1	Purpose(s) of conservation easements held by the organ	zation (check all that	apply)				
	$\square$ Preservation of land for public use (e g , recreation	or education)	Preserva	ation of an hist	orically imp	ortant land a	rea
	Protection of natural habitat		] Preserva	ation of a certi	ed historic	structure	
	✓ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year	ualified conservation	contribution	n in the form o		ation at the End of	f the Year
а	Total number of conservation easements			2a			10
b	Total acreage restricted by conservation easements			26			308 00
С	Number of conservation easements on a certified historic	structure included in	(a)	20			
d	Number of conservation easements included in (c) acquir structure listed in the National Register	ed after 8/17/06, and	not on a h	ıstorıc <b>2</b> d			2
3	Number of conservation easements modified, transferred tax year ▶	l, released, extinguish	ed, or term	ninated by the	organızatıor	n during the	
4	Number of states where property subject to conservation	easement is located	<b>-</b>		1		
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		inspection,	, handling of vi	olations,	<b>✓</b> Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspect  200 00	ing, handling of violat	ions, and e	nforcing conse	rvation ease	ements during	g the year
7	Amount of expenses incurred in monitoring, inspecting, b  ◆ \$ 7,644	nandling of violations,	and enforc	ing conservation	n easemen	ts during the	year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$ ?	above satisfy the requ	irements of	f section 170(h	)(4)(B)(ı)	<b>⊻</b> Yes	□ No
9	In Part XIII, describe how the organization reports conse balance sheet, and include, if applicable, the text of the t the organization's accounting for conservation easement	ootnote to the organi				and	
Pai	t III Organizations Maintaining Collections of Complete if the organization answered "Yes				Similar As	ssets.	
1a	If the organization elected, as permitted under SFAS 116 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finance.	ublic exhibition, educ	ation, or re	search in furth			orks of
b	If the organization elected, as permitted under SFAS 116 historical treasures, or other similar assets held for publi following amounts relating to these items						
	(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
(	ii)Assets included in Form 990, Part X				<b>▶</b> \$		
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS 1					de the	
а	Revenue included on Form 990, Part VIII, line 1	( ,		·-	<b>&gt;</b> \$		
ь	Assets included in Form 990, Part X				<b>▶</b> \$		
	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Cat No 522	83D <b>Sch</b>	edule D (Fo	rm 990) 201

Par	3 1 1 1	Organizations Ma	aintaining Col	lections o	of Art,	Histori	cal T	reası	ires, or	Other	Similar A	ssets (	<i>contin</i>	ued)	
3		the organization's acqu (check all that apply)	uisition, accessior	n, and other	records	, check	any of	the fo	llowing tl	nat are a	sıgnıfıcant	use of it	s colle	ction	
а		Public exhibition				d		Loan	or excha	nge prog	rams				
b		Scholarly research				е		Othe	r						
С		Preservation for future	generations												
4	Provide Part >	de a description of the c	organization's coll	lections and	l explain	how the	ey furtl	ner the	e organiz	ation's ex	empt purp	ose in			
5		g the year, did the orga s to be sold to raise fun									ular	□ Ye	es	□ N	0
Pai	rt IV	Escrow and Custo Complete if the org X, line 21.			" on Fo	rm 990	, Part	IV, lı	ne 9, or	reporte	ed an amo	unt on	Form	990,	Part
1a		e organization an agent, ded on Form 990, Part X		an or other	ınterme	diary for	contri	bution	s or othe	r assets	not	□ Y	es	□ <b>N</b>	o
b	If "Y∈	es," explain the arrange	ment in Part XIII	and comple	ete the f	ollowing	table		[			Amount			_
С	Begin	ning balance				_				1c					_
d	Addıt	ions during the year								1d					_
е	Dıstrı	butions during the year							Ī	1e					_
f	Endın	g balance							Ī	1f					_
<b>2</b> a	Did th	ne organization include a	an amount on Fo	rm 990, Par	t X, line	21, for	escrow	or cu	ıstodıal a	count lia	ibility?		es	□ N	— О
b	If "Ye	es," explain the arranger	ment in Part XIII	Check here	e if the e	explanati	on has	been	provided	l in Part )	KIII				
Pa	rt V	Endowment Fund				'			•						
				(a)Curren			rior yea				(d)Three ye		<b>(e)</b> Fo	ur year	rs back
<b>1</b> a	Beginn	ing of year balance .													
b	Contrib	outions													
С	Net inv	estment earnings, gain:	s, and losses												
d	Grants	or scholarships	•												
e		expenditures for facilitie	es												
f	Admını	strative expenses .													
g	End of	year balance													
2	Provid	de the estimated percer	ntage of the curre	nt year end	balance	e (line 1	g, colu	mn (a	)) held as						
а	Board	d designated or quasi-er	ndowment <b>&gt;</b>												
b	Perm	anent endowment 🕨													
С	Temp	orarily restricted endow	vment ▶												
·		ercentages on lines 2a,		ld equal 100	0%										
За	•	here endowment funds i		•		tion that	t are h	eld an	d admini	stered fo	r the				
	-	nization by										_		Yes	No
	(i) ur	nrelated organizations					•						a(i)		
		elated organizations .					 						a(ii)		
ь 4		es" on 3a(II), are the rela Tibe In Part XIII the Inte	<del>-</del>					· ·					3b		
	rt VI	Land, Buildings,			ii s enuc	Willelic	unus								
Fal	LVI	Complete if the org			" on Fo	rm 990	. Part	IV. lı	ne 11a.	See For	m 990. P	art X. III	ne 10	_	
	Descri	ption of property	(a) Cost or oth (investme	er basis		t or other					lepreciation		( <b>d</b> ) Boo		e
1a	Land						112,45	57,121						112	2,457,121
		gs						32,053			136,051				446,002
		old improvements						74,294			975,576			6	,998,718
		nent					•	27,216			412,462				214,754
	Other	F													
Tota	I. Add	lines 1a through 1e <i>(Co</i>	olumn (d) must ed	qual Form 9	90, Part	X, colur	nn (B)	, line :	10(c)) .		<b>&gt;</b>			120	,116,595

	Investments—Other Securities. Complete if the			vereu 1es on Form 950	), Part IV, line IID.
	See Form 990, Part X, line 12.  (a) Description of security or category	-	(b)		of valuation
	(including name of security)		Book value		year market value
(1) Financia					
(2) Closely-l (3)Other —	held equity interests	· · ·			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12 )				
Part VIII	Investments—Program Related.	<u> </u>			
	Complete if the organization answered 'Yes' on Fe  (a) Description of investment		art IV, lı ok value		Part X, line 13.
(1)					year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Columi	n (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered	¹Voo' on Four	~ 000 P-	wh TV line 11d Con Forms O	00 Davit V lima 15
	(a) Description		11 990, Fe	ittiv, ille iid See i oilli s	(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(5)					
(5) (6) (7)					
(5) (6) (7) (8)					
(5) (6) (7) (8) (9)  Total. (Column	mn (b) must equal Form 990, Part X, col (B) line 15 )				<b>b</b>
(5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col (B) line 15 ) <b>Other Liabilities.</b> Complete if the organization as See Form 990, Part X, line 25.				
(5) (6) (7) (8) (9)  Total. (Column Part X	Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability		es' on Fo		
(5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal III	Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes		es' on Fo	rm 990, Part IV, line 11	
(5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal III DEFERRED R DEFERRED C	Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  RENT  COMPENSATION PAYABLE		es' on Fo	ook value  158,282 681,739	
(5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal III DEFERRED R DEFERRED C FAIR VALUE	Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  RENT		es' on Fo	ook value  158,282	
(5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal III DEFERRED R DEFERRED C FAIR VALUE (4)	Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  RENT  COMPENSATION PAYABLE		es' on Fo	ook value  158,282 681,739	
(5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal III DEFERRED R DEFERRED C FAIR VALUE (4) (5)	Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  RENT  COMPENSATION PAYABLE		es' on Fo	ook value  158,282 681,739	
(5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal III DEFERRED R DEFERRED C FAIR VALUE (4) (5) (6)	Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  RENT  COMPENSATION PAYABLE		es' on Fo	ook value  158,282 681,739	
(5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal III DEFERRED R DEFERRED C FAIR VALUE (4) (5) (6) (7)	Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  RENT  COMPENSATION PAYABLE		es' on Fo	ook value  158,282 681,739	
(5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal III DEFERRED R DEFERRED C FAIR VALUE (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  RENT  COMPENSATION PAYABLE		es' on Fo	ook value  158,282 681,739	
Part X  1. (1) Federal III DEFERRED R DEFERRED C	Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  (a) Description of liability  ncome taxes  RENT  COMPENSATION PAYABLE		es' on Fo	ook value  158,282 681,739	

Part XI

2

а

b

d

e

3

5

1

2

c

d

e 3

> b c

5

Part XIII

4

Part XII

Schedule D (Form 990) 2017

Page 4

36.355

38,760,115

-235,507

38,524,608

18,882,345

267,278

18,615,067

18.615.067

Schedule D (Form 990) 2017

#### 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIII ) . . . . . . 4h -235.507 c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

**Supplemental Information** 

Add lines **4a** and **4b** . . . . . . . . . . . . . . . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . .

Subtract line 2e from line 1 . . . .

Add lines 2a through 2d . .

Return Reference

See Additional Data Table

Donated services and use of facilities . . . .

Add lines 2a through 2d . . . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

2a 2b

2c

2d

4a 4h

Explanation

2e 3

1

25,891

10,464

25,891

241,387

2e

3

4c

5

40 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Page <b>5</b>		Schedule D (Form 990) 2017
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

#### Additional Data

Software Version: **EIN:** 54-1426643

Name: AMERICAN BATTLEFIELD TRUST

A WRITTEN DOCUMENT REGARDING THE PERIODIC MONITORING, INSPECTION, VIOLATIONS, AND ENFORCE

**Supplemental Information** 

Return Reference Explanation

PART II, LINE 9 CONSERVATION EASEMENTS ARE RECORDED AS AN ASSET ON THE BALANCE SHEET. THE ORGANIZATION HAS

MENT OF THE CONSERVATION EASEMENTS IT HOLDS

Software ID:

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	ABT AND EBDF ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTIO N 501(C)(3) OF THE INTERNAL REVENUE CODE AFBP IS GENERALLY EXEMPT FROM FEDERAL INCOME TAX ES UNDER THE PROVISIONS OF SECTION 501(C)(4) OF THE INTERNAL REVENUE CODE IN ADDITION, AB T AND EBDF QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTIONS AND HAVE BEEN CLASSIFIED AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS CONTRIBUTIONS TO AFBP ARE NOT DEDUCTIBLE T O DONORS INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SU BJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES NEITHER ABT, AFBP NOR EBDF HAD NET UNRE LATED BUSINESS INCOME FOR THE YEAR ENDED MARCH 31, 2018 MANAGEMENT EVALUATED ABT, AFBP AN D EBDF'S TAX POSITIONS AND CONCLUDED THAT THEY HAVE TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	AFBP REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT 10,464

Sı

Supplemental Information Return Reference Explanation PART XI, LINE 4B - OTHER COST OF SALES REPORTED ON PART VIII, LINE 10B -9,131 RENTAL EXPENSES REPORTED ON PART VII I. LINE 6B -223,246 LOSS ON DISPOSAL REPORTED ON PART VIII, LINE 7C -3,130 ADJUSTMENTS

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	AFBP & EBDF EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STATEMENT 9,010 COST OF SALES REP ORTED ON PART VIII, LINE 10B 9,131 RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 223,246

S

Supplemental Information								
Return Reference	Explanation							
	THE ORGANIZATION HAS A WRITTEN DOCUMENT REGARDING THE PERIODIC MONITORING, INSPECTION, VIO LATIONS, AND ENFORCEMENT OF THE CONSERVATION EASEMENTS IT HOLDS							

DLN: 93493031008169

Inspection

OMB No 1545-0047

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

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

**Open to Public** 

Department of the Treasury Internal Revenue Service

Total

(Form 990 or 990-EZ)

SCHEDULE G

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

	ne of the organization ERICAN BATTLEFIELD TRUST					' '	ntification number		
						54-1426643			
Pä		•	_			rm 990, Part IV, line 1	7.		
1	Indicate whether the organiza	tion raised funds thro	ugh any	of the fo	llowing activities Check a	all that apply			
а	Mail solicitations			e	Solicitation of non-	government grants			
b	☐ Internet and email solicita	tions		f	Solicitation of gove	government grants			
c	✓ Phone solicitations		Special fundraising	events					
d	☐ In-person solicitations								
<b>2</b> a						· . —	es 🗌 No		
b	If "Yes," list the ten highest pa to be compensated at least \$5	aid individuals or enti 5,000 by the organiza	ties (fun tion	draisers)	pursuant to agreements	under which the fundrais	er ıs		
i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont	ser have ody or crol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
		TEL EDITIONE	Yes	No					
	PUBLIC INTEREST COMMUNICATIONS 7700 LEESBURG PIKE STE 301			No	97,390	62,153	35,237		
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  Form 990-EZ filers are not required to complete this part.  1 Indicate whether the organization raised funds through any of the following activities. Check all that apply  a   Mail solicitations   e   Solicitation of non-government grants    b   Internet and email solicitations   f   Solicitation of government grants    c   Phone solicitations   g   Special fundraising events    d   In-person solicitations   g   Special fundraising events    d   In-person solicitations   g   Special fundraising services?   Yes   No    b   If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization    i) Name and address of individual   (ii) Activity   (iii) Did fundraiser have custody or control of contributions?   Yes   No    PUBLIC INTEREST   TELEPHONE   SOLICITATIONS   No   97,390   62,153   358									

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

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

97,390

35,237

62,153

	than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and									
	gross receipts greater than \$2	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events						
		(event type)	(event type)	(total number)	(add col <b>(a)</b> through col <b>(c)</b> )						
e											
Revenue											
Rev											
	1 Gross receipts										
	2 Less Contributions										
	4 Cash prizes										
တွ	5 Noncash prizes										
Direct Expenses	6 Rent/facility costs										
ង្គ	7 Food and beverages										
닿	8 Entertainment										
ă	9 Other direct expenses										
	10 Direct expense summary Add lines 4 t	10 Direct expense summary Add lines 4 through 9 in column (d)									
	11 Net income summary Subtract line 10			•							
Par	<b>t III Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	IV, line 19, or reported	more than \$15,000						
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))						
æ	1 Gross revenue										
l sec	2 Cash prizes										
Expenses											
ሿ	3 Noncash prizes										
Direct	4 Rent/facility costs										
	5 Other direct expenses										
		☐ Yes %	☐ Yes %	☐ Yes%							
	<b>6</b> Volunteer labor	☐ No	☐ No	☐ No							
	7 Direct expense summary Add lines 2 t	hrough 5 in column (d)									
	8 Net gaming income summary Subtract	t line 7 from line 1, colum	ın (d)	<b>.</b>							
9	Enter the state(s) in which the organizati	on conducts gaming activ	ities								
a	Is the organization licensed to conduct ga	aming activities in each of	these states?		☐ Yes ☐ No						
b	If "No," explain										
10-	Were any of the organization's saming lie										
10a b	Were any of the organization's gaming lic If "Yes," explain		a or terminated during th	e lax year <sup>,</sup>	☐ Yes ☐ No						
					I						

Sche	dule G (Form 990 or 990-EZ) 2017					P	Page <b>3</b>
l <b>1</b>	Does the organization conduct gaming	activities with nonmember	s <sup>?</sup>		Yes	□ No	
L2	Is the organization a grantor, beneficial formed to administer charitable gamin		member of a partnership or other entity		□Yes		
L3	Indicate the percentage of gaming acti	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
L <b>4</b>	Enter the name and address of the per	son who prepares the orga	nization's gaming/special events books and r	ecords			
	Name •						
_	Address >						
.5a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming r amount of gaming revenue retained by			he			
С	If "Yes," enter name and address of th	e thırd party					
	Name ►						
	Address ▶						
.6	Gaming manager information						
	Name ►						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
.7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		□Yes	П.,	
ь	3 3	red under state law distribi	uted to other exempt organizations or spent		∟ Yes	∐ No	
	in the organization's own exempt activ						
Par			cions required by Part I, line 2b, column licable. Also provide any additional info				5).
	Return Reference		Explanation				
		1	<u> </u>	lule G (F	orm 990 or	990-F7) 2	2017

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -					DLN: 934930310	08169
Schedule I (Form 990)			Other Assistan	_	•		OMB No 1545-004 2017	7
			and Individual ation answered "Yes,"		<del>-</del>			
Department of the Treasury Internal Revenue Service	▶ Infor		Open to Public Inspection					
Name of the organization  AMERICAN BATTLEFIELD TRU	IST					' '	er identification number	
						54-1420	6643	
	ormation on Grants							
			the grants or assistance,		for the grants or assistan	ce, and	<b>✓</b> Yes	□ No
2 Describe in Part IV the	organization's procedu	res for monitoring the u	se of grant funds in the U	nited States				
Part II Grants and Otl			and Domestic Governme ditional space is needed	ents. Complete If the o	rganızatıon answered "Yes	" on Form 990, Pa	art IV, line 21, for any recipi	ent
(a) Name and address o organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descript noncash assis		grant
(1) See Additional Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
		-	s listed in the line 1 table					16
For Paperwork Reduction Act				Cat No 5005!			Schedule I (Form 990)	) 2017

Explanation

PART I, LINE 2 MOST OF THE 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. THESE TYPES OF GRANT DO NOT NEED MONITORING

#### **Additional Data**

US DEPT OF THE INTERIOR

STATE OF NORTH CAROLINA

1321 MAIL SERVICE CENTER RALEIGH, NC 27699

1849 C STREET NW WASHINGTON, DC 20240

NPS

DCR

Software ID:

53-0197094

56-6062189

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

organization or government	ıf applicable	grant	cash	(book, FMV, appraisa other)
				,

GOVERN

GOVERN

(a) Name and address of (b) FIN (c) IRC section (d) Amount of cash

1,207,907 APPRAISAL

391,539 APPRAISAL

(g) Description of

non-cash assistance

LAND

LAND

(h) Purpose of grant

or assistance

BATTLEFIELD

BATTLEFIELD

PRESERVATION

PRESERVATION

(e) Amount of non- (f) Method of valuation

EIN:	54-1426643
Name:	AMERICAN BATTLEFIELD TRUST

**Software Version:** 

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-6009000 GOVERN 416.057 APPRAISAL LAND STATE OF MARYLAND DNR BATTLEFIELD 580 TAYLOR AVE PRESERVATION ANNAPOLIS, MD 21401 COMMONWEALTH OF 61-0600439 GOVERN 85,357 APPRAISAL LAND BATTLEFIELD KENTUCKY PRESERVATION PO BOX 1150

FRANKFORT, KY 40602

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-3213370 GOVERN 466.663 APPRAISAL LAND JEFFERON CO HISTORIC BATTLEFIELD PRESERVATION

PRESERVATION

LANDMARKS COMMISSION PO BOX 23 CHARLES TOWN, WV 25414 TOWN OF FORT ANN GOVERN 363.333 APPRAISAL LAND BATTI FFIFI D 14-6002183

80 GEORGE STREET

FORT ANN, NY 12827

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 54-1004102 501(C)(3) 603.710 APPRAISAL LAND BATTLEFIELD SOUTH CAROLINA BATTLEGROUND PRES TRUST PRESERVATION PO BOX 80668 CHARLESTON, SC 29416 20-2797635 501(C)(3) 110.000 APPRAISAL LAND BATTLEFIELD CAPITAL REGION LAND CONSERVANCY PRESERVATION PO BOX 17306

RICHMOND, VA 23226

(g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

TO AID IN ACOUING

STANDARD LAND CO.

HARPER'S FERRY, WV

200 ACRE OLD

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

(c) IRC section

OZARK REGIONAL LAND	43-1304715	501(C)(3)	137,915		TO AID IN ACQUIRING
TRUST					AN EASEMENT ON 180
PO BOX 440007					ACRE MANEFEE TRACT,
ST LOUIS, MO 63144					CARTHAGE, MO

1.017.485

JEFFERSON CO HISTORIC

LANDMARKS COMMISSION

CHATTANOOGA, TN 37402

736 GEORGIA AVE SUITE 106

(a) Name and address of

(b) EIN

45-3213370

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 23-7230027 501(C)(3) 8.720 HISTORIC GREEN SPRINGS IGRANT FOR APPRAISAL PO BOX 1685 ON LUCAS TRACT, LOUISA. VA

LOUISA, VA 230931685 SHENANDOAH VALLEY 54-2007460 501(C)(3) 100,000

BATTI FFIFI DS FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TO ASSIST IN IACOUISITION OF THE 26 2884 ACRE WEST

PO BOX 897 NEW MARKET, VA 22844 TRACT, THIRD WINCHESTER VA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 55-0740909 501(C)(3) 20,000 WEST VIRGINIA LAND TRUST TO ASSIST IN PO BOX 11823 ACQUIRING OF THE 14 ACRE WARNER TRACT. CHARLESTON, WV 25339 GREENBRIER RIVER. 239,267 14-0001849 GOVERN FOR PATHWAYS STUDENT INTAKE POSITION, HIRE NEW EMPLOYEE, HIRE

EMPLOYEE, MATCH OF PRESIDENT TRUMP'S GIFT TO ANTIETAM

NPS - ABPP 1201 I ST NW 6TH FLOOR WASHINGTON, DC 20005 INCSHPO NEW

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (h) Purpose of grant (e) Amount of non-(a) Description of if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government assistance other) 54-0805908 GOVERN 152,279 TO ASSIST IN VA DEPARTMENT OF HISTORIC RESOURCES CONSERVATION 2801 KENSINGTON AVE EASEMENT OF 135 RICHMOND, VA 23221 ACRE GREGG TRACT. KELLY'S FORD, VA, TO AID IN ACQUIRING IN 113 4 LOCKETT GARNETT TRACT,

OPERATIONS

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PRESERVATION

1156 15 ST SUITE 900 WASHINGTON, DC 20005

SAILORS CREEK, VA AMERICANS FOR BATTLEFIELD 04-3843239 501(C)(4) 20,000 GRANT FOR ONGOING

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance or government other) assistance 54-1004102 501(C)(3) 163,435 SOUTH CAROLINA ENVIRONMENTAL BATTLEFIELD PRESERVATION REPORT ON HORTON TRACT, HANGING TRUST ROCK, SC, TO AID IN THE ACQUISITION OF CHARLESTON, SC 29416 THE 1 ACRE HORTON

TRACT, HANGING ROCK, SC, TO AID IN THE ACQUISITION OF THE 10 4 ACRE DANIELS TRACT, EUTAW SPRINGS, SC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 80668 CHARLESTON, SC 294:

efil	e GRAPHIC pi	rint - DO NOT PROCESS As File	d Dat	a -	DLN: 934	19303	31008	169
Sch	edule J	Comper	ısat	ion Information	00	1B No	1545-0	3047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.						7
•	tment of the Treasury al Revenue Service			J (Form 990) and its instructions i <u>.gov/form990</u> .	is at		to Pul ectio	
Nar	ne of the organiz				Employer identificat			
AME	RICAN BATTLEFIELD	O TRUST			54-1426643			
Pa	rt I Questi	ons Regarding Compensation						
	<del></del>						Yes	No
1a		opiate box(es) if the organization provided ection A, line 1a Complete Part III to prov						
	_	s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of persoi				
		nification and gross-up payments	H	Health or social club dues or initiation				
	☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)							İ
b		xes in line 1a are checked, did the organiz all of the expenses described above? If "No			nent or reimbursement	1b		
2		ation require substantiation prior to reimbu			. 1-3	2		
	directors, truste	es, officers, including the CEO/Executive I	recto	or, regarding the items checked in line	e Ia/			
3		ıf any, of the following the filing organizat			ne			
		EO/Executive Director Check all that appled organization to establish compensation			n Part III			
		-						İ
		ation committee	<b>∠</b>	Written employment contract				
		ent compensation consultant of other organizations	<b>▼</b>	Compensation survey or study  Approval by the board or compensa	tion committee			
		of other organizations		Approval by the board of compensa	tion committee			
4	During the year related organiza	r, did any person listed on Form 990, Part ' ation	/II, Se	ection A, line 1a, with respect to the fi	lling organization or a			
_	-							   N-
a b		ance payment or change-of-control paymer r receive payment from, a supplemental n		lified retirement plan?		4a 4b	Yes	No
С	•	r receive payment from, a supplemental in	-	·		4c	163	No
-		of lines 4a-c, list the persons and provide t		<del>-</del>	: III			
_		), 501(c)(4), and 501(c)(29) organiza		•				
5		ed on Form 990, Part VII, Section A, line 1 ontingent on the revenues of	a, did	the organization pay or accrue any				
а	The organization	n <sup>2</sup>				5a		No
b	Any related orga					5b		No
	-	5a or 5b, describe in Part III						İ
6		ed on Form 990, Part VII, Section A, line 1 ontingent on the net earnings of	a, dıd	the organization pay or accrue any				
а	The organization					6a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, line 1 escribed in lines 5 and 6? If "Yes," describ			d	7		No
8		nts reported on Form 990, Part VII, paid on the contract exception described in Regul			escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the rebu	ıttable	presumption procedure described in	Regulations section	9		145
Ear I	Danarwark Badı	uction Act Notice, see the Instructions	for E	orm 990 Cat No 5	50053T Schedule 1	/Eorn	- 000)	2017

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule 1, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title	(5		dividual must equal the to of W-2 and/or 1099-MISO		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 O JAMES LIGHTHIZER PRESIDENT	(i)	261,920	0	0	75,715	28,036	365,671	0
	(ii)		0	0	0	0	0	0
2 STEPHEN WYNGARDEN SECRETARY/CAO	(i)	121,779	0	0	5,702	33,381	160,862	0
	(ii)		0	0	0	0	0	0
3 RUTH E HUDSPETH CFO	(i)	137,615	0	0	8,256	12,760	158,631	0
	(ii)		0	0	0	0	0	0
4 DAVID N DUNCAN CHIEF DEVELOPMENT	(i)	226,711	0	0	13,603	2,268	242,582	0
OFFICER	(ii)	0	0	0	0	0	0	0
5 THOMAS M GILMORE DIR REAL ESTATE	(i)	206,977	0	0	12,419	28,022	247,418	0
	(ii)	0	0	0	0	0	0	0
6 JAMES J CAMPI DIR POLICY & MEDIA	(i)	164,394	0	0	9,864	12,786	187,044	0
	(ii)		0	0	0	0	0	0
<b>7</b> GARRY E ADELMAN DIR HISTORY & EDUC	(i)	145,552	0	0	7,278	33,536	186,366	0
	(ii)	0	0	0	0	0	0	0
	$\dagger$							
	$\Box$							
	+							
	+	<u> </u>						
	$\downarrow \rightarrow$	<u> </u>						
							Schedule	J (Form 990) 2017

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation PART I. LINE 4B DAMES LIGHTHIZER, PRESIDENT, PARTICIPATES IN DEFERRED COMPENSATION PLAN THE ORGANIZATION CONTRIBUTED \$43.500 TO THE PLAN IN THE ICURRENT YEAR

Schedule J (Form 990) 2017

efile GRAPHIC pri	nt - DO NOT P	ROCESS As	Filed Data -									DLN: 9	934930	03100	8169				
Schedule K		Sur	oplemental	Information o	n Tax-E	xemr	ot B	onds					No 154						
(Form 990)	f		e organization ans	wered "Yes" to Form , and any additional	990, Part I	V, line 2	4a. P		criptions,		2017								
Department of the Treasury Internal Revenue Service	<sub>4</sub>	▶Information	1 about Schedule I	► Attach to Form 996 ( (Form 990) and its		s is at w	ww.ir	rs.gov/fori	າາ990.				en to P Inspecti						
Name of the organization				- (						Emplo	yer ıden		n numbe						
AMERICAN BATTLEFIEL	D TRUST									54-14	26643								
Part I Bond Is	sues																		
(a) Issuer r	iame	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(1	f) Description	on of purpose	(g) De	feased	beha	On alf of		Pool ncing				
										Yes	No	Yes	uer <b>No</b>	Yes	No				
AUTHORITY SPOT	ECONOMIC DEVELOPMENT 54-1237426 04-07-2010 AUTHORITY SPOTSYLVANIA COUNTY VIRGINIA			5,400,000 TO REFUND A PRIOR ISSUE DATED 05/22/07						Х		Х		Х					
Part III Proceed	is																		
						Α		E	3	C	1			D					
1 Amount of bonds	retired					1,800,	000												
						5,400,	000												
						5,400,	000												
13 Year of substant	al completion .				20	10													
					Yes	No		Yes	No	Yes	No		Yes		No				
14 Were the bonds	issued as part of a	current refunding	ıssue <sup>7</sup>		Х														
15 Were the bonds	issued as part of a	an advance refundi	ng issue?			×													
16 Has the final allo	cation of proceeds	s been made?			Х														
			records to support t	he final allocation of	×														
	Business Use						-		1										
					ı	A		E	<b>S</b>	C	1			D					
					Yes	No		Yes	No	Yes	No	$\perp$	Yes		No				
financed by tax-	exempt bonds? .	<u> </u>	<u></u>			х						$\perp$							
property?			private business use			Х													
For Panerwork Redu	rtion Act Notice	see the Instruct	ions for Form 990		Cal	No 501	193F					chedul	e K (Fo	rm 997	1) 2017				

C

d

9

Part IV

Arbitrage

Page 2

Nο

Nο

C

No

Yes

Yes

C

Yes

Nο

Yes

Schedule K (Form 990) 2017

Yes Are there any management or service contracts that may result in private business use of 

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government . . . . . . . . . . . . . . . . . .

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

No rebate due?

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . .

Was the hedge terminated? . . . . . . . . .

Term of hedge . . . . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? Are there any research agreements that may result in private business use of bond-financed 

Δ

No

Χ

Χ

0 %

0 %

0 %

Х

Χ

Yes

Nο

Χ

No

Х

Χ

Χ

1000 00000000000 %

Х

Χ

Yes

Χ

Χ

Х

INC

SUNTRUST BANKS

Yes

No

requirements of section 148? . . .

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Yes

Schedule K (Form 990) 2017

Yes

Page 3

No

No

Χ

**Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

В

Nο

No

Yes

Yes

No

No

Yes

No

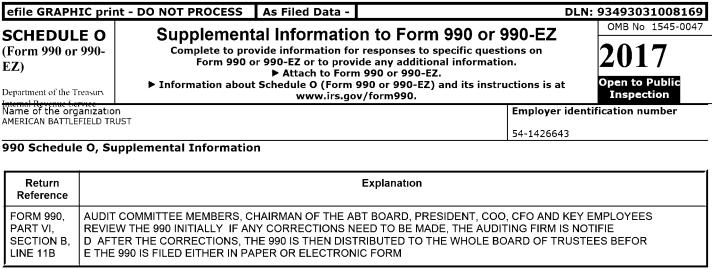
Yes

Yes

Χ

efil	e GRAPHIC pr	int - DO NOT Pi	ROCESS	As Filed Data -			DLN: 934	19303	1008	169
	EDULE M		- N	loncash Contri	hutions		ОМ	B No 1	.545-0	047
(For	m 990)	I -	organizati	ons answered "Yes" on Fo		9 or 30.		<b>20</b>	<b>17</b>	7
		► Attach to Form		le M (Form 990) and its i	netructione is at www.ire	aou/for	m000	_		
	tment of the Treasury al Revenue Service	Piniormation and	out Schedu	ne M (Form 990) and its i				pen to Inspe	ection	
	e of the organizat					Employe	r identifica	tion n	umbei	-
AMER	ICAN BATTLEFIELD	IROSI				54-14266	43			
Pa	rt I Types	of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d Method of d cash contrib	etermı		:s
		_			1g					
1	Art—Works of art					1				
3	Art—Historical tre Art—Fractional in					+				
4	Books and public		X		500	INVOICE				
	Clothing and hou					1				
	goods									
_	Cars and other v					1				
7	Boats and planes					-				
8 9	Intellectual proper Securities—Public	•				-				
	Securities—Public					1				
	Securities—Partr or trust interest	nership, LLC,								
12	Securities—Misce									
13	Qualified conserve contribution—Hi structures	istoric	Х	7	14,031,500	APPRAIS	AL			
14	Qualified conserve contribution—Of	vation								
15	Real estate—Res	idential .								
16	Real estate—Cor									
17	Real estate—Oth		X	8	14,031,500	APPRAIS	AL			
18 19	Collectibles . Food inventory					+				
20	Drugs and medic					+				
21	Taxidermy .									
	Historical artifact	ts								
23	Scientific specim	ens								
24	Archeological art	ifacts								
	Other►( _WAR PRINTS &	MAPS_)	X	50	20,755	INVOICE				
CIVI	Other ► ( _ WAR SCULPTUR		Х	5	2,510	INVOICE				
27	Other ▶ (	,	<u> </u>							
	Other ▶ (					<del>                                     </del>				
29		•	_	ation during the tax year for 3, Part IV, Donee Acknowled		29				
20-	During the ver-	did the green	n rocenie L	y contribution any property r	concreted in Dark T. Jones 4 El-	rough 20	+6-5+-1+	$\vdash$	Yes	No
30a	must hold for at	, and the organization : least three years fr e entire holding peri	rom the date	e of the initial contribution, a	and which is not required to	be used f	or exempt	30-		l <sub>Na</sub>
b	If "Yes," describ	e the arrangement	ın Part II					30a		No_
31	Does the organi	zation have a gift a	cceptance p	olicy that requires the reviev	v of any nonstandard contri	butions?		31	Yes	
32a	Does the organi contributions?		nird parties (	or related organizations to so	olicit, process, or sell nonca	sh • •		32a		No
b	If "Yes," describ	e ın Part II								
33	If the organizati describe in Part	· ·	n amount in	column (c) for a type of pro	perty for which column (a)	ıs checked	I,			
Eor D	anarwark Paductio	on Act Notice, see the	e Instruction	e for Form 990	Cat No. 512271		Schedule I	A (Eorm	000)	2017)

Schedule M (Fo	rm 990) (2017)	Page 2								
Part II		ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part								
I, column (b), the number of contributions, the number of items received, or a combination of both. Also comp this part for any additional information.										
Ret	urn Reference	Explanation								
	_	Schedule M (Form 990) (2017)								



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	WHENEVER A TRUSTEE HAS A POTENTIAL DIRECT OR INDIRECT PERSONAL INTEREST IN A PROPOSED TRAN SACTION OF THE CORPORATION, HE SHALL DISCLOSE THE MATERIAL FACTS OF THE TRANSACTION, THE N ATURE OF HIS POTENTIAL INTEREST IN THE TRANSACTION, AND ANY OTHER RELEVANT INFORMATION REG ARDING THE TRANSACTION TO THE BOARD OF TRUSTEES THEREAFTER, THE TRUSTEE SHALL NOT BE PERM ITTED TO PARTICIPATE IN THE FINAL BOARD DELIBERATION REGARDING SUCH TRANSACTION, AND SHALL NOT BE PERMITTED TO VOTE ON SUCH TRANSACTION THE BOARD OF TRUSTEES REVIEW THE CONFLICT OF INTEREST POLICY ON A YEARLY BASIS

Return

Reference	
FORM 990, PART VI, SECTION B, LINE 15	AMERICAN BATTLEFIELD TRUST WILL PAY SALARIES THAT ARE COMPETITIVE WITH THOSE PAID FOR COMP ARABLE POSITIONS IN OTHER NON-PROFIT ORGANIZATIONS EACH EMPLOYEE'S SALARY IS REVIEWED ANN UALLY SALARY ADJUSTMENTS, IF ANY, WILL BE DISCUSSED AT THIS TIME AS WELL SALARY ADJUSTME NTS 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 THE PRESIDENT'S SALARY AND BENEFIT PACKAGE IS REVIEWED BY AN OUTSIDE CONSULTING FIRM AND THEN A
	PPROVED BY THE BOARD

Explanation

Return Explanation
Reference

FORM 990, COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS W
PART VI, ILL BE PROVIDED UPON REQUEST TO THE PUBLIC OUR AUDITED FINANCIALS AND FORM 990 ARE ON THE
SECTION C, AMERICAN BATTLEFIELD TRUST WEBSITE
LINE 19

Return Explanation
Reference

FORM 990, CHANGE IN VALUE OF THE SWAP 31,138 VARIANCE -2
PART XI,

990 Schedule O, Supplemental Information

LINE 9

Return Explanation
Reference

FORM 990,	THE PRIOR YEAR'S NUMBERS LISTED ON PAGE 1 ARE ONLY FOR THE FIRST THREE MONTHS OF 2015 (JANUARY 1,
PAGE 1,	2015 THROUGH MARCH 31, 2015)
PRIOR	
YEAR	
COLUMN	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** 

## **Related Organizations and Unrelated Partnerships**

2017

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

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

Inspection **Employer identification number** 

DLN: 93493031008169 OMB No 1545-0047

Part I Identification of Disregarded Entities Complete	of the example and	word "Voc	" on Form	000 Bart	T\/ line		.426643				
Part I Identification of Disregarded Entities Complete	en the organization ans	wered res	on Form	990, Part	iv, iine	<u> </u>					
(a)  Name, address, and EIN (if applicable) of disregarded entity	( Primary	b) activity	Legal dom	c) nicile (state n country)	Total in	) ncome	(e) End-of-year	assets	(f Direct coi enti	ntrolling	
Part II Identification of Related Tax-Exempt Organizat	ions Complete if the o	raanization	answered	"Ves" on F	form 990	) Dart I	V line 34 h	acause	it had one or	more	
related tax-exempt organizations during the tax year	r.	yanızatıdı	answered			), Pait 1	v, lille 34 b	ecause	it iiau one oi		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal do	(c) micile (state gn country)	(d) Exempt Cod	e section	Public c	(e) narity status in 501(c)(3))	Dir	<b>(f)</b> rect controlling entity		ntrolled ity?
(1)AMERICANS FOR BATTLEFIELD PRESERVATION 1156 15TH ST NW SUITE 900	SEE PART VII OF SCHEDU	_E	DC	501(C)(4)				AMERICA TRUST	AN BATTLEFIELD	Yes	No
WASHINGTON, DC 20005 40-3843239											
(2)ENDANGERED BATTLEFIELD DEFENSE FUND 7777 WASHINGTON AVENUE	TO CARRY OUT THE PURPOSES OF THE AMERICAN BATTLEFIELD		VA	501(C)(3)		LINE 12B	, II	AMERICA TRUST	AN BATTLEFIELD	Yes	
HOUSTON, TX 77007 27-1035136	TRUST										
For Paperwork Reduction Act Notice, see the Instructions for Forn	m 990.	C	at No 5013	35Y				Sch	edule R (Form	990) 20	17

			1		1	1				ı .			
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded fron tax under sections 512- 514)	d, total income	Share of end-of-year assets	Disprop		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or iging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						ization ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)		(d)	(e)	(f)	Т	(g)	(1	1)	Т	(1)
Name, address, and EIN of related organization	Primary activity	do (state	egal omicile or foreign untry)		entity (C	pe of entity corp, S corp, or trust)	Share of total income		e of end- year assets	of- Percel owne		(1	ction 51 3) contr entity
			unu y)									\	res
								+					
												$\top$	$\top$

Schedule R (Form 990) 2017

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		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, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No

m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If 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) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining an	nount ır	nvolved	 I

type (a-s)

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

tas not a related organization. See instructions regarding exclusion for certain investment partiterships													
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation FORM 990, SCHEDULE R, PART II, THE MISSION OF AMERICANS FOR BATTLEFIELD PRESERVATION (AFBP) IS TO PROMOTE AWARENESS OF THE PLIGHT OF OUR NATION'S REMAINING HALLOWED LINE B BATTLEGROUNDS IT IS A STRICTLY NON-PARTISAN ORGANIZATION THAT SEEKS TO BUILD SUPPORT FOR BATTLEFIELD PRESERVATION AMONG ALL LAWMAKERS ION ALL LEVELS OF GOVERNMENT. THE ORGANIZATION'S PRIMARY FOCUS IS TO ENCOURAGE LAWMAKERS ON THE FEDERAL. STATE AND LOCAL LEVELS TO ALLOCATE PUBLIC FUNDS FOR BATTLEFIELD PRESERVATION IN ADDITION, AFBP SUPPORTS LOCAL OFFICIALS FOR PUBLIC OFFICE IN A VERY LIMITED NUMBER OF TARGETED COMMUNITIES, PLUS TRAINS LOCAL PEOPLE ABOUT HOW TO SUCCESSFULLY CONDUCT COMMUNITY GRASSROOTS ORGANIZING, FUNDRAISING,

IAND EFFECTIVE USE OF MEDIA