EXTENDED TO NOVEMBER 16, 2020

Form 99 (Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public

X Yes

Form 990 (2019)

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and endin A For the 2019 calendar year, or tax year beginning Check If applicable: C Name of organization PREPARED BY GREENBRIER VALLEY RESTORATION PROJECT. Stewart, & Campbell, PLLC Hess. Name Change Doing business as Initiat return E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) 304-667-3859 Final return/ PO BOX 484 519,679. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return H(a) Is this a group return LEWISBURG, WV 24901 Yes X No Applica-F Name and address of principal officer: PAUL LINDQUIST for subordinates? pendina H(b) Are all subordinates included? Yes 1030 JEFFERSON STREET, NORTH, LEWISBURG,) (insert no.) 4947(a)(1) or If "No." attach a list. (see instructions) Tax-exempt status: X 501(c)(3) 501(c) (H(c) Group exemption number J Website: ► N/A Other > Year of formation: 2013 M State of legal domicile: WV K Form of organization: X Corporation Trust Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: **GVRP**, **INC**. IS AN ENTITY FOCUSED Governance ON WATERSHED PROTECTION AND SUSTAINABLE COMMUNITY DEVELOPMENT. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 3,214. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** 664,169 463,799. Contributions and grants (Part VIII, line 1h) Revenue 114. 0. Program service revenue (Part VIII, line 2g) 28,0240. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 28,607 55,766. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 519,679. 720,800. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 183,678 371,014. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 371,<u>014.</u> 183.678. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 537,122. 148,665. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 2,456<u>,123.</u> 2,414,188. Total assets (Part X, line 16) 157,941. 264,681 Total liabilities (Part X, line 26) 149,507. 298,182. Net assets or fund balances. Subtract line 21 from line 20 . Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign PAUL LINDQUIST, TREASURER Here Type or print name and title Date PTIN Preparer Signature Print/Type preparer's name P00949341 sett-employed CPA Raid JEFFREY M MOLLOHAN, Firm's EIN - 55-0657218 Firm's name HESS, STEWART & CAMPBELL, reparer Firm's address ▶ 122 E MAIN STREET Use Only Phone no. 304-255-1978 BECKLEY, WV 25801

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

Form		30328 Page 2
Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
)1	Briefly describe the organization's mission:	
	GVRP, INC. IS AN ENTITY FOCUSED ON WATERSHED PROTECTION AND	
	SUSTAINABLE COMMUNITY DEVELOPMENT. GVRP IS CONCENTRATING ITS	
	EFFORTS IN TWO AREAS: PUBLIC FUNDRAISING AND DEVELOPMENT OF A	
	COMMUNITY CENTER AN CHARITABLE OPEN SPACE IN LEWISBURG, WV.	
	COMMONITY CIBNIES AN CHARTISTIC OF The Language and listed on the	·
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	. LYes LALINO
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	the first of the control of the cont	,
	If "Yes," describe these changes on Schedule O.	hu avnancac
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported.	
4-		463,913.)
4a	(Code:) (Expenses \$ 363,214. including grants of \$) (Revenue \$) (Revenue \$)	
	WATERSHED PROTECTION AND SUSTAINABLE COMMUNITY DEVELOPMENT.	
		· · · · · · · · · · · · · · · · · · ·
		u
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
700	(COOE / (Lyperises 4	
		·

4c	(Code:) (Expenses \$	=
40	(COOS: / CEXPORTISOS 9	
		·
	The state of the s	
4d	Other program services (Describe on Schedule O.)	
-	\ /p)
	(Expenses v	
<u>4e</u>	Total program service expenses ▶ 363,214.	Form 990 (2019
		I WITH THE LEVIS

Part IV Checklist of Required Schedules

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Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 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 X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х or in 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, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X_ 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any $\mathbf{x}_{_}$ foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G. Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X 19 complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

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Form 990 (2019) INC.
Part IV | Checklist of Required Schedules (continued)

			V	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		x
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
248	- · · · · · · · · · · · · · · · · · · ·		İ	
	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├─
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	├	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ĺ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
	instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			1
j	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes, " complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
5 4	Part V, line 1	34		x
25.	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	-		
00	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	 "		
50	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		_**	
L	Check if Schedule O contains a response or note to any line in this Part V			
	Principle of Advisory and Advis		Yes	No
} .	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b C			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning	1		
·	(gambling) winnings to prize winners?	10		

Form 990 (2019) INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1	· ·		
	filed for the calendar year ending with or within the year covered by this return	2a	<u> </u>			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	***********	2b		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	*******			. :
За			***************************************	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.,	44	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country			1 17 h		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		******	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?	_5b		<u> X</u>
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	n e org	anization solicit			42
	any contributions that were not tax deductible as charitable contributions?		,,,,	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions (or gifts	l	· ·	
	were not tax deductible?		.,	6b_		74
7	Organizations that may receive deductible contributions under section 170(c).				٠.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7c		X.
	to file Form 8282?	7d	1	76		
þ	If "Yes," indicate the number of Forms 8282 filed during the year			7e	180	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control to the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control	ract?		7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contill the organization received a contribution of qualified intellectual property, did the organization file Formation (in the organization) of the organization of t	orm 8	899 as required?	7g	· ·	
9	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	file a Form 1098-C?	7h		
¹ h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by ti	10		1314 L	
8			-	8		l .
9	Sponsoring organizations maintaining donor advised funds.	*******				-
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			1		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		۱ ۱		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				7:1, 7	
	amounts due or received from them.)	11b		_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	1?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	-	1 1 1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u> </u>
a	Is the organization licensed to issue qualified health plans in more than one state?		*******	13a	 	
	Note: See the instructions for additional information the organization must report on Schedule O.					
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1			
	organization is licensed to issue qualified health plans	13b		+		
c	Enter the amount of reserves on hand	130		14a	Η	X
14a				14b	<u> </u>	A
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	arotic	n or	140	 	\vdash
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	ษาสแบ	II VI	15		x
	excess parachute payment(s) during the year?	• • • • • • • •	***************************************	10	<u> </u>	† **
)	If "Yes," see instructions and file Form 4720, Schedule N.	nt inc	ome?	16		x_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	iii alG	omet	"	174	† -
	If "Yes," complete Form 4720, Schedule O.			Forr	990	(2019)

Form 990 (2019)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed WV Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) Own website ___ Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records -JACKIE WINEBRIMMER - 304-772-4680

24941

9805 SWEET SPRINGS VALLEY, GAP MILLS,

Form 990 (2019) INC. 46-1930328 Page
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

 Employees, and Independent Contractors	
Chank if School to Contains a response or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee,"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			(C Pos	C) ition	ì		(D)	(E) Reportable	(F) Estimated
Name and title	Average hours per week	offic	(do not check more than one box, unless person is both an officer and a director/trustee)					Reportable compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trostee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
L) CLIFF BAKER	1.00							•	0.	0
RESIDENT	1 00	X		X			Н	0.		
2) FLORIAN SCHLEIFF	1.00	₹,		x				0.	0.	
CCE PRESIDENT	1.00	X		A.			\vdash	<u> </u>	- 0 •	····
3) PAUL LINDQUIST	1.00	x		x	}			0.	0.	(
REASURER	1.00	^		<u>~</u>		┢╌	-			
4) ELIZABETH CLARK	1.00	x		x				0.	0.	
SCRETARY	0.00	-~-			\vdash	-				
5) GREGORY WITTKAMPER DARD MEMBER	7.00	x						0.	0.	
5) MARIT WITHROW	0.00		-			 				
DARD MEMBER		X						0.	0.	
AND MEMBER			<u> </u>			Γ				
***]								
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Form 990 (2019) INC.
Part VIII Statement of Revenue

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INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 1,003 1,003. Management 7.524. 7,524. Legal _____ 2,593. 2,593, Accounting Lobbying _____ d Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 7,800. 10,967 18,7<u>67</u>. column (A) amount, list line 11g expenses on Sch O.) 3,267. 3,267 Advertising and promotion 12 2.967 2,967 Office expenses..... 13 4,066. 4.066. Information technology 14 15 Royalties 22,416 22,416. Occupancy 16 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 14,112 14.112. Interest 20 Payments to affiliates 21 259,904 259,904 Depreciation, depletion, and amortization 22 10,535 10,535 .,..,..... 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 14,556. 14,<u>556</u> REPAIRS & MAINTENANCE 3<u>,824</u>. 3.824. LICENSES & PERMITS 3.228. 3,228. c DECORATING SUPPLIES 2,046 2.046. d ENTERTAINMENT SUPPLIES 206.206. All other expenses 7,800. 363,214 Total functional expenses. Add lines 1 through 24e 371,014. 25 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)

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Form 990 (2019)
Part X Balance Sheet

46-1930328 Page 11

Par	TΧ	Balance Sheet		·········			
		Check if Schedule O contains a response or no	te to an	y line in this Part X		*******	
1					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			530,379.	1	26,591.
	2	Savings and temporary cash investments		1		2	
	3	Pledges and grants receivable, net		1		3	
	4	Accounts receivable, net		1		4	
į	5	Loans and other receivables from any current of					
l		trustee, key employee, creator or founder, sub-				ally.	
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqua				• •	
	,	under section 4958(f)(1)), and persons describe				6	
y,	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use	1		8		
₹	9	Prepaid expenses and deferred charges			1,153.	9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>2,913,218.</u>			
	b	Less: accumulated depreciation	10b	483,686.	<u>1,882,656.</u>		2,429,532.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14	<u> </u>		
	15	Other assets. See Part IV, line 11		0 444 400	15	0.456.103	
	16	Total assets. Add lines 1 through 15 (must eq			2,414,188.	16	2,456,123.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18	<u></u>		
	19	Deferred revenue		19 20	<u> </u>		
1	20	Tax-exempt bond liabilities				21	
	21	Escrow or custodial account liability. Complete				21	The state of the s
es	22	Loans and other payables to any current or for	mer oπιο	er, director,			
		trustee, key employee, creator or founder, sub				22	
Liabilities		controlled entity or family member of any of the			204,681.		89,094.
_	23	Secured mortgages and notes payable to unreat Unsecured notes and loans payable to unrelat	nateu um od tbird :	no parties	60,000.		60,000.
	24	Other liabilities (including federal income tax, p				 	
	25	parties, and other liabilities not included on line	ayabico se 17.94)	Complete Part X			
		of Schedule D		1	0.	25	8,847.
	26	Total liabilities. Add lines 17 through 25			264,681.	26	157,941.
	20	Organizations that follow FASB ASC 958, ch	eck her	e ▶ X		T	
S		and complete lines 27, 28, 32, and 33.		- ,			
auc	27	Net assets without donor restrictions			2,149,507.	27	2,298,182.
Bai	28	Net assets with donor restrictions				28	<u></u>
2		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🔲			
Ē		and complete lines 29 through 33.	-				
ğ	29	Capital stock or trust principal, or current fund	s ,,,,,,		· · · · · · · · · · · · · · · · · · ·	29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or	emqiupe	nt fund		30	<u> </u>
As	31	Retained earnings, endowment, accumulated	income,	or other funds		31	0.000.400
<u>e</u>	32	Total net assets or fund balances			2,149,507		2,298,182.
		Total liabilities and net assets/fund balances			2,414,188.	33	2,456,123.

	990 (2019) INC.	<u>46-19</u>	<u> 30328</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				X
)					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>79.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>14.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>65.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,149	5,5	<u>07.</u>
6	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-u·-		
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			<u> 10.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,298	3, <u>1</u>	<u>82.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	* * * * * * * * * * * * * * * * * * * *	******	,,,,,	<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			4.	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			Ė
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			٠.	
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			1800	
ς .	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1		
j	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	redule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	,	3b	000	L

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

partment of the Treasury itemal Revenue Service Name of the organization

Total

Go to www.irs.gov/Form990 for instructions and the latest information. GREENBRIER VALLEY RESTORATION PROJECT,

Employer identification number

46-1930328 INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (IV) is the organization lister (v) Amount of monetary (vi) Amount of other (iii) Type of organization (ii) EIN (i) Name of supported In your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990 EZ) 2019 TNC.

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

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

e(tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to			•			
	or expended on its behalf						
2	The value of services or facilities		" -				
3	furnished by a governmental unit to						
	the organization without charge						
	Total, Add lines 1 through 3						
	The portion of total contributions		the Transfer	The state of the s			
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_							
	Public support. Subtract line 5 from line 4.			i			
		(2) 2016	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2010	(0) 2013	(4) 23.13	197.== .5	
	Amounts from line 4				****		
8	Gross income from interest,						
	dividends, payments received on						
!	securities loans, rents, royalties,			,		İ	
_	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10				<u> </u>	12	
12	Gross receipts from related activities	, etc. (see instructi	ons)	al facility ar fifth to	av voor se s eactio		 '
13	First five years. If the Form 990 is fo		s first, second, trii	a, iourui, or mas u	ax year as a socio	11 55 1(5)(6)	▶□
<u> </u>	organization, check this box and stoction C. Computation of Pub	o nere ic Support Pe	rcentage	*********			
				ookumn (ft)		14	%
14	Public support percentage for 2019 (jine 6, column (1) a	ivided by line (1), (COIGITAT (1)/	***************************************	15	%
15	Public support percentage from 2018 33 1/3% support test - 2019. If the	3 SCHOOUIO A, Mart	t shook the hove	n line 13 and line	14 is 33 1/3% or r	nore, check this bo	x and
168	stop here. The organization qualifies	organization did no	octod organization	, , , , , , , , , , , , , , , , , , ,	14 10 00 11070 011		▶□
	stop here. The organization qualifies 33 1/3% support test - 2018. If the	as a publicly supp	t shook a bay an	line 13 or 16a and	1 line 15 is 33 1/3%	6 or more, check th	is box
k	33 1/3% support test - 2018. If the	organization did N	our neck a box on	ration	2 11110 10 10 00 1707		▶□
	and stop here. The organization qua	imes as a publicly	supported organiz	chack a hav an lin	a 13 16a or 16b	and line 14 is 10%	or more.
173	10% -facts-and-circumstances tes	it - 2019, if the org	janization did not	tietk a box on mi	bara Evolain in Da	et VI how the organ	ization
	and if the organization meets the "fa	cts-and-circumstar	nces" test, check t	nis dox an o stop i 	nere, expiziii iii Pa d omanization	ir vi ilow tile bigel	>
	meets the "facts-and-circumstances"	test. The organiza	auon quaimes as a	publicly supporte	a Organization a 12 180 185 ar	17a and line 15 is	10% or
١	10% -facts-and-circumstances tes	st - 2018. If the org	janization did not	chieck a dox on lin	io 10, 100, 100, 01 Laten have Evoluti	n in Part VI how the	, 5,0 41
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, o	THE COURT NOON AND	stop nere. Explai	onization	_
	organization meets the "facts and cir	cumstances" test.	ine organization	qualifies as a publ	h shoot this boy	anzauon	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 100, 17a, 0117	D, CHECK THS DOX	edule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 INC.
Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

<u></u>	qualify under the tests listed better A. Public Support	elow, please comp	olete Part II.)		#		
		(-) 004E	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(6) 2017	(4) 2010	(0) = 0 10	1.,
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	224 225	104 000	615,717.	668,800.	463,913.	2.176.665.
	include any "unusual grants.")	324,233.	104,000.	015,717.	000,000.	**********	2,170,000.
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 bus-						
	iness under section 513						 .
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf			<u> </u>			
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	204 225	104,000.	615,717.	668,800.	463,913.	2 176 665
	Total. Add lines 1 through 5	324,235.	104,000.	013,/1/•	000,000.	#03,713.	2,110,005.
76	Amounts included on lines 1, 2, and						0.
	3 received from disqualified persons Amounts included on lines 2 and 3 received		*** :				
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
١.	Public support. (Subtract line 7g from line 6.)	·					2 176 665.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	324,235.	104,000.	615,717.	668,800.	463,913.	2,176,665,
10:	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	unrelated business taxable income					İ	
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b	<u>.</u>					
11	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				00 605	50 666	157,136.
	or loss from the sale of capital assets (Explain in Part VI.)	18,179.	26,134.	31,550.			
13	Total cumpart (Add Base 0, 10c, 11, and 12)	342,414.	130,134.	647,267.			2,333,801,
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here		*		44444444444444444	······	
Se	ction C. Computation of Pub	lic Support Pe	rcentage			145	93.27 %
15	Public support percentage for 2019	(line 8, column (f), c	divided by line 13,	column (f))	,	16	96.99 %
16	Public support percentage from 201	8 Schedule A, Pan	: III, line 15			10.]	
Se	ction D. Computation of Invenient income percentage for 2	est fire 100 colu	ma (6. divided by	ine 13 column (fi)	<u> </u>	17	.00 %
17	Investment income percentage from	. 2019 (III le 100, colu	Part III. line 17	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18	%
78	a 33 1/3% support tests - 2019. If the	e organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a	and stop here. The	organization qual	ifies as a publicly	supported organiza	auon	
	b 33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, ch	e organization did : leck this box and s	not check a box or top here. The orga	n line 14 or line 19 anization qualifies	a, and line 16 is m as a publicly supp	ore than 33 1/3%, a orted organization	and ▶ <u> </u>
20	Private foundation, if the organizati	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions	
					Sch	edule A (Form 990	1 or 990-EZ) 2019

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	No
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School	dule A (Form 990 or 990-EZ) 2019 INC.	46-1930	32	8 Pa	ige 5
	t IV Supporting Organizations (continued)				
	Outpointing districtions (ostinos)			Yes	No_
14	Has the organization accepted a gift or contribution from any of the following persons?		· '.		
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			2.3	
а	below, the governing body of a supported organization?		1a		
_	A family member of a person described in (a) above?	_1	1b		
ų.	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.		1c		
Sect	tion B. Type I Supporting Organizations				
360	tion B. Type I dupporting disameters			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to	[·			
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	l		,	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			11	
	controlled the organization's activities. If the organization had more than one supported organization,	1.		1. 1.	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		•	:	
	describe how the powers to appoint and/or remove directors of trastees were directors after the tay year.		1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			Ī	
2	Did the organization operate for the benefit of any supported organization other than the supported	į,			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	į ·			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		2	·	ļ
	supervised, or controlled the supporting organization.				
Sec	tion C. Type II Supporting Organizations			Yes	No
	the directors	[1.33	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		en in		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control				
	or management of the supporting organization was vested in the same persons that controlled or managed		1		
	the supported organization(s).			ш.	
Sec	tion D. All Type III Supporting Organizations			Yes	No
	to the leet doy of the fifth month of the	Г	٠	1.00	
<u>_</u> 1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	_γ .			
ì	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	ļ		 "	T .
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		7.		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		2	1	
	the organization maintained a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			1	1
	significant voice in the organization's investment policies and in directing the use of the organization's				1.77
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	3	'	
	supported organizations played in this regard.				<u>ــــ</u>
Sec	ction 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 yeat see in	işti Octionə).			
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.	otity (see instri	iction	rsl.	
C		ind (acc mone		Yes	No
2	Activities Test, Answer (a) and (b) below.	Г		+	1
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify		٠.	. :	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1.			
	how the organization was responsive to those supported organizations, and how the organization determined		2a		
	that these activities constituted substantially all of its activities.	-			1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		 		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		14 Ju		
	reasons for the organization's position that its supported organization(s) would have engaged in triese	j	2b	1	
	activities but for the organization's involvement.	 	213	+	1
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		. .	1 : .
΄ ε	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1	-
	trustees of each of the supported organizations? Provide details in Part VI.	<u> </u>	<u>3a</u>	1	+
t	 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	1	O.L.	. ,	1
	as its supported arganizations? If "Yes " describe in Part VI the role played by the organization in this regard.		3b	000 5	7) 004
	Schedu	ile A (Form 99	n or	320-6	الالاع زع

Schedule A (Form 990 or 990-EZ) 2019 INC.	Orac		6-1930328 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying	ig Orga	Nov 20 1970 (explain in F	Part VIII. See instructions.
Check here if the organization satisfied the integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the integral part of the integra	nmolete S	ections A through E.	
Section A - Adjusted Net Income	J. T. DICTO C	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		-
2 Recoveries of prior-year distributions	2		
	3		
	4		
W	5		
5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or	 _ 		
collection of gross income or for management, conservation, or	6		
maintenance of property held for production of income (see instructions)	7		
7 Other expenses (see instructions)	8	· · · · · · · · · · · · · · · · · · ·	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)			(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a_		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1 <u>c</u>	<u></u>	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Parkla to any angle and a second	2		
	3		
 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 			
see instructions).	4		
to to be and then 4 from then 2)	5		
	6		
At a Mark Mark A	7	<u> </u>	
(and the first of the line C)	8		
			Current Year
Section C - Distributable Amount			1
Adjusted net income for prior year (from Section A, line 8, Column A)	1_		·
2 Enter 85% of line 1.	2		<u> </u>
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3_		
4 Enter greater of line 2 or line 3.	4		<u></u>
5 Income tax imposed in prior year	5	<u> </u>	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
omergency temporary reduction (see instructions).	6		1
7 Check here if the current year is the organization's first as a non-function	ally integr	ated Type III supporting org	anization (see
instructions).	·		

Schedule A (Form 990 or 990-EZ) 2019

46-1930328 Page 7 Schedule A (Form 990 or 990-EZ) 2019 INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (iii) (ii) (i) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2019 Pre-2019 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount I Carryover from 2014 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A	(Form 990 or 990-E	Z) 2019 INC.				46-19	30328 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	I Information. F , lines 1, 2, 3b, 3c, 4 tion D, lines 2 and 6, and 8; and Part	4b, 4c, 5a, 6, 9a, 9b	o, 9c, 11a, 11b, an Ellippe 1c, 2a, 2b,	Part II, line 10; Part II, lind 11c; Part IV, Section 3a, and 3b; Part V, line omplete this part for an	B, lines 1 and 2; Part	iv, section c, line 1e: Part V.
	(See instructions.)	-		<u></u>			
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Schedule B

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

Department of the Treasury ternal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

GREENBRIER VALLEY RESTORATION PROJECT,

Employer identification number

46-1930328

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

Organization type (check one).								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization i Note: Only a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
For an organization property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; I, I, I, I, I, I, I, I, I, I, I, I, I,							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.								
year, contribution is checked, enter	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively be, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\bigsim}{\infty} \frac{\bigsim}{\infty} \frac{\infty}{\infty} \frac{\infty}							
but it must answer "No" 0	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).							

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

Employer identification number

GREENBRIER VALLEY RESTORATION PROJECT,

46-1930328

Part II N	loncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$	<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
_				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
_		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\ \$	- Liten	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	

Name of organization

GREENBRIER VALLEY RESTORATION PROJECT,

Employer identification number

NC.		· · · · · · · · · · · · · · · · · · ·	=	46-1930328						
NC . Part III	Exclusively religious, charitable, etc., contributions to	organizations described in s	ection 501(c)(7), (8), or (10)	that total more than \$1,000 for the yea						
	from any one contributor. Complete columns (a) through completing Part III, enter the total of exclusively religious, charitable	h (e) and the following line en	try. For organizations less for the year (Entirthis info. 600)	e1▶\$·						
	Use duplicate copies of Part III if additional space	is needed.	road for the year, femore the lines who							
a) No.				•						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held						
Part I			<u></u>							
		- · · · ·	 							
			 							
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	·	(e) Transfer of gift	t							
	Transferee's name, address, and ZIP	+ 4	Relationship of tra	nsferor to transferee						
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(a) No. from				المامية مثافلت بينيما في معاورت						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held						
Faiti		···								
										
-		(e) Transfer of gif								
		(c) Iranolor or gir	•							
	Transferee's name, address, and ZIP	· • A	Relationship of transferor to transferee							
	Transferee's name, address, and Zir		Treitage treitage							
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				\-\(\frac{1}{2}\)						
(a) No										
(a) No. from	(b) Purpose of glft	(c) Use of gift	(d) Desc	ription of how gift is held						
Part I										
			· ··· ····							
L										
	(e) Transfer of gift									
	Transferee's name, address, and ZIP	+4	Relationship of tra	nsferor to transferee						
(a) No. from Part I	438	(c) Use of gift	(d) Desc	cription of how gift is held						
Part I	(b) Purpose of gift	(c) ose or grit	(0) 5000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
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ŀ		(e) Transfer of git	ft							
	Transferee's name, address, and ZIP	+4	Relationship of tra	nsferor to transferee						
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SCHEDULE D

(Form 990)

Repartment of the Treasury ernal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

GREENBRIER VALLEY RESTORATION PROJECT, Name of the organization INC.

Employer identification number 46-19303<u>28</u>

organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 6 Did the organization inform at donors and donor advisors in writing that the assets held in donor advised funds are the organization from all of year 6 Did the organization inform at donors and donor advisors in writing that the assets held in donor advised funds are the organization from all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermisable private benefit? 1 Purposefit of conservation Easements. Complete if the organization faces at little apply. 2 Purposefit of conservation Easements held by the organization faces at little apply. 3 Purposefit of conservation Easements held by the organization faces at little apply. 4 Purposefit of onservation of land for public use (for example, recreation or education) Preservation of a conservation essements held by the organization faces at little apply. 4 Preservation of a purpose 2 4 Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation essement on the last day of the tax year. 5 Total number of conservation essements included in (e) and the purpose of the	Par	I Organizations Maintaining Donor Advise	d Funds or Other Sir	nilar Funds or A	ccounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of crants from (during year) 4 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform at donors and donor advisors in writing that the assets held in donor advised funds are the organization from at donors and donor advisors in writing that the assets held in donor advised funds are the organization from at grants and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring in the properties of the prop		organization answered "Yes" on Form 990, Part IV, lin	e 6.		
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors, subject to the organization is exclusive legal control? 6 Did the organization inform all grantees, denors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor of donor advisor of any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "ves" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). 1 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of joen space 2 Omplete lines 2 at through 2 if if the organization held a qualified conservation contribution in the form of a conservation seasement on the last day of the tax year. 3 Total number of conservation easements. 5 Total acreage restricted by conservation easements. 6 Number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure fisted in the National Register 7 Number of states where property subject to conservation easement is located 8 Number of states where property subject to conservation easement is located 9 Number of states where property subject to conservation easement is located 9 Number of states where property subject to conservation easement is located 9 Number of states where property subject to conservation easement is located 9 Number of states where property subject to conservation easement is located 9 Number of states where property subject to conservation easement is located 9 Number of states where property subject to conservation easement is located 9 Number of expenses incurred in monitoring, inspecting, handling of violations, an			(a) Donor advised f	unds (b) Funds and other accounts
A Aggregate value of grants from (during year) A Aggregate value at end of year A Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible prights benefit grants. And donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible prights benefit? Part III Conservation Easements. Complete if the organization answered "Yea" on Form 990, Part IV, line 7. Purpose(s) of conservation Easements. Complete if the organization answered "Yea" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of pans pace Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements. Total number of conservation easements on a certified historic structure included in (s). Number of conservation easements on a certified historic structure included in (s). Number of states where property subject to conservation easement is located by the organization during the tax year by serby wear by serby and efficient in the National Register. Number of states where property subject to conservation easement is located by he organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year by serby and enforcement of the conservation easements in hist revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th	1	Total number at end of year		·	
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 7 Part II	4	Aggregate value at end of year			
are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donoes, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring many property. Yes No.	5	Did the organization inform all donors and donor advisors in	writing that the assets held	in donor advised fun	ds —
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balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		and section 170(h)(4)(B)(ii)?	the examents in its rayons	e and evnense state	4++>>
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Is if the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X Sevenue included in Form 990, Part X Sevenue					
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X		organization's accounting for conservation easements.	of Art Historical Trea	sures, or Other	Similar Assets.
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service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X III, line 1 b Assets included in Form 990, Part X	1a	If the organization elected, as permitted under FASB AGG 9	blic exhibition, education, (or research in further	ance of public
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		of art, historical treasures, or other similar assets field for pe	ancial statements that desc	ribes these items.	:
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	ь	If the organization elected, as permitted under PAGB AGG of the similar assets held for public	ic exhibition, education, or	research in furtherand	ce of public service,
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		art, historical treasures, or other similar assets from to pass			•
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		Provide the following amounts relating to those terms.			🕨 \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		40 Accets included in Form 990 Part X			• •
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		(iii) Assets included in Form 990, Face A	easures, or other similar as	sets for financial gain	, provide
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	\2	the following amounts required to be reported under FASB	ASC 958 relating to these i	tems:	
b Assets included in Form 990, Part X	_	Revenue included on Form 990. Part VIII. line 1	-		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019	a	Assets included in Form 990. Part X			▶ \$
	L HA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 INC.					<u>930328 Page 2</u>
Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or Oth	<u>er Similar Ass</u>	ets(continued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	e following that make	significant use of i	ts
	collection items (check all that apply):		_			
а	Public exhibition	d	Loan or ex	change program		
b	Scholarly research	е	Other			
c	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	how they further	the organization's ex	empt purpose in P	art XIII.
5	During the year, did the organization solicit o					
_	to be sold to raise funds rather than to be ma					Yes No
Par	rt IV Escrow and Custodial Arran					/, line 9, or
	reported an amount on Form 990, Par	rt X, line 21.				
1a	Is the organization an agent, trustee, custod	an or other intermedi	iary for contributio	ns or other assets no	t included	
1.2.	on Form 990, Part X?				<u>.</u>	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the foli	lowing table:			
	(_			Amount
c	Beginning balance				1c	
	Additions during the year					
	Distributions during the year					
	Ending balance					
99	Did the organization include an amount on F	orm 990. Part X. line :	21. for escrow or o	custodial account liab	oility?	Yes No
20 h	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	olanation has bee	n provided on Part XI	[]	
	rt V Endowment Funds. Complete i	f the organization ans	swered "Yes" on F	orm 990, Part IV, line	10.	
		(a) Current year	(b) Prior year			k (e) Four years back
1a	Beginning of year balance	(4)				
	Contributions		,		T	
	Net investment earnings, gains, and losses		· · · · · · · · · · · · · · · · · · ·			
نا						
	Other expenditures for facilities			·		
\	and programs					
	Administrative expenses	l I		-	-	
	End of year balance					
9 2	Provide the estimated percentage of the cur		e (line 1a. column	(a)) held as:		
	Board designated or quasi-endowment		%	(,,		
a	Permanent endowment	<u></u> %				
b		%				
G	The percentages on lines 2a, 2b, and 2c sho	· ·				
α_	Are there endowment funds not in the posse	sesion of the organiza	tion that are held	and administered for	the organization	
Sa		300(O) Of the organiza			-	Yes No
	by: (i) Unrelated organizations					3a(i)
	(ii) Related organizations					
	If "Yes" on line 3a(ii), are the related organize	atione listed as requir	ed on Schedule B	?		
. 0	Describe in Part XIII the intended uses of the			***************************************	•••••	
Par	rt VI Land, Buildings, and Equipn	nent.				
	Complete if the organization answere	nd "Yes" on Form 990). Part IV. line 11a.	See Form 990, Part	X, line 10.	<u> </u>
	Description of property	(a) Cost or of			Accumulated	(d) Book value
	pescription or property	basis (investn	, , , ,		epreciation	
	Lond	204				294,843.
	Land	0 100			161,579.	1,946,615.
	Buildings Leasehold improvements	***			300,969.	186,505.
	Equipment		707.		21,138.	1,569.
	Other					
	Add lines 1a through 1e. (Column (d) must e		X. column (B), line	10c.)		2,429,532.

Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)	·		
(B)	<u></u>		
(C)			
(D)		· · · · · · · · · · · · · · · · · · ·	
(E)		, <u></u>	
<u>(F)</u>			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" or	n Form 000 Port IV line	110 See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value

(1)			
(3)			
(4)			4
(5)			
(6)	- h.·.		. 181
(7)	·····		
(8)			
(9)	···	-	
otal. (Col. (b) must equal Form 990, Part X, col. (B) tine 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	th) Pool value
(a) D	escription		(b) Book value
(1)	<u></u>		
(2)			
(3)			
(4)			·
(5)	<u> </u>	*	
(6)			
			
(8)			
(8)			
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		110 ov 116 See Form 000 Part V line 05	-
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	(b) Book value
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) UTILITY SECURITY DEPOSIT		11e or 11f. See Form 990, Part X, line 25.	(b) Book value 8 , 8 4 7
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of a) Description of liability (1) Federal income taxes (2) UTILITY SECURITY DEPOSIT (3)		11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of a) Description of liability (1) Federal income taxes (2) UTILITY SECURITY DEPOSIT (3) (4)		11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the im		9 11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the im		9 11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the im		11e or 11f. See Form 990, Part X, line 25.	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of a Description of liability (1) Federal income taxes (2) UTILITY SECURITY DEPOSIT (3) (4) (5) (6) (7) (8)		11e or 11f. See Form 990, Part X, line 25.	8,847
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of the im	n Form 990, Part IV, line		8,847

46-1930328 Page 4

Schedule D (Form 990) 2019 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2b b Donated services and use of facilities c Recoveries of prior year grants 24 d Other (Describe in Part XIII.) 2e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities b Prior year adjustments c Other losses 20 Other (Describe in Part XIII.) 2e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental 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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Schedule D (Form 990) 2019

932054 10+02-19

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

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

ernal Revenue Service Name of the organization

epartment of the Treasury

GREENBRIER VALLEY RESTORATION PROJECT, INC.

Inspection Employer identification number 46-1930328

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IS CONCENTRATING ITS INITIAL EFFORTS IN TWO AREAS: PUBLIC FUNDRAISING
AND DEVELOPMENT OF A COMMUNITY CENTER AND CHARITABLE OPEN SPACE IN
LEWISBURG, WV.
FORM 990, PART VI, SECTION B, LINE 11B:
TRUSTEES REVIEW 990 BEFORE FILING.
FORM 990, PART VI, SECTION C, LINE 18:
UPON REQUEST.
ORM 990, PART VI, SECTION C, LINE 19:
BASED ON ORAL OR WRITTEN REQUESTS, COPIES WILL BE MADE AVAILABLE
IMMEDIATELY.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ROUNDING 10.

4562

Department of the Treasury Itemal Revenue Service

Jame(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

 Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

990

OMB No. 1545-0172

Sequence No. 179

Identifying number

GREENBRIER VALLEY RESTORATION PROJECT. FORM 990 PAGE 10 46-1930328 INC. Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1.020.000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 550,000 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation, Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year. Subtract line 4 from line 1, if zero or less, enter -0-. If married filling separately, see instructions (c) Elected cost (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12▶ Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 203,580. 14 the tax year 15 5 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) 55,679. 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (o) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (f) Method (a) Depreciation deduction (e) Convention (a) Classification of property 3-year property 19a h 5 year property 7-year property C 10-year property 15-year property ė 20-year property f S/L 25 yrs. 25-year property g S/L 27.5 yrs. MM Residential rental property h S/L 27.5 yrs. MM 1 97. 90,611. MM S/L 12/1939 yrs. Nonresidential real property i 512,590.39 YEARS MM S/L 12/19 Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 vrs. S/L 12-year ь MM S/L 30 yrs. 30-year C MM S/L 40 yrs. 40-year d Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 259,904. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs Form 4562 (2019)

46-1930328 Page 2 INC. Form 4562 (2019)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

			on and Othe			utlo	٦.									
24a	Do you have evidence to s	upport the bu		nent use cla	aimed?	<u> </u>	Ye		No	24b if "Y			nce writte	en? [J Yes L	<u> No</u>
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business investme use percent	nt ot	(d) Cost or her basis		Basia (busi	(e) for depre ness/inve use only	stm en t	(f) Recovery period	Met	9) hod/ ention	Depre	n) clation ction	Ele sectio	(i) cted on 179 ost
25	Special depreciation allo	wance for q	ualified liste	property	placed	in se	rvice	during	the t	ax year an	d				1 11	
	used more than 50% in							.,				25				<u>: · · · · · · · · · · · · · · · · · · ·</u>
26	Property used more that	n 50% <u>in a c</u>	ualified busi	ness use:							1	··				
		: : .		%											ļ	
		<u> </u>		%	,											
		<u> </u>	<u></u>	%							i				<u> </u>	
27	Property used 50% or k	ess in a quali	ified busines	s use:							Γ'				15. 3. 5	
		<u> </u>		%							S/L·					
		<u> </u>		%							S/L.					: .
		<u> </u>	<u> </u>	%						<u> </u>	S/L -					
28	Add amounts in column	(h), lines 25	through 27.	Enter here	and on	line	21, (page 1				28	<u> </u>		<u> </u>	
29	Add amounts in column	(i), line 26. E	nter here an	d on line	7, page	1 ,,,	<u></u>		<u>.</u>		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			29	<u> </u>	
				Section I	B - Infor	mati	ion o	n Use	of Vel	nicles			10			_
Con	nplete this section for ve	hicles used	by a sole pro	prietor, p	artner, o	r oth	ier "r	nore th	an 5%	owner," (or related	person	ı. ır you p	otovided	, veuicie	\$
to y	our employees, first ans	wer the que	stions in Sec	tion C to s	see if you	u me	et ar	u excet	otion to	o completi	ng this s	ection 1	or those	venicies	3.	
						<u> </u>			 -		·	<u></u>			1	f)
				· ·	a)	ļ	(b	· .	Ι,	(c)	۱ (۹ Veh	d) ololo	Veh	e) icla	· ·	v nicle
	Total business/investment		_		nicle	 	Vehi	icie	 '	/ehicle	761	11010	V V V V V V V V V V V V V V V V V V V	1010		
	year (don't include commu								 		-					
	Total commuting miles			·		┢			<u> </u>		 		l —			
2	Total other personal (no														ļ	
	driven			·		╁			 		-		_			
33	Total miles driven during															
	Add lines 30 through 32				No.	V.	es	No	Yes	s No	Yes	No	Yes	No	Yes	No
34	Was the vehicle availab			Yes	No_	1	es_	110	1 7 9	110	103	1,0	1.00	112		T
	during off-duty hours?			·	 -	\vdash	\dashv		\vdash		 		-		†	
35	Was the vehicle used p										ļ					
	than 5% owner or relate			•	 	╁					 				 	
36	Is another vehicle availa					1			1	1	ĺ			ļ		
_	use?		- Question	·	lascara V		Drov.	ida Va	hicles	for Use h	v Their l	Employ	ees		.1	<u> </u>
	swer these questions to	Section C	- Question	s for Emp	nto com	vnio i vnletí	ina S	action	R for v	vehicles us	ed by e	mplovee	s who a	ren't		
	swer these questions to re than 5% owners or re			exception	11 10 0011	picu	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 .0.							
mo	Do you maintain a writt	on noticy eta	tement that	prohibits :	all perso	nal u	ise o	f vehic	es, ind	cluding co	mmuting	, by you	ır	•	Yes	No
3/	employees?														🗀	_
20	Do you maintain a writt	an nolicy sta	tement that	prohibits (personal	use	of v	ehicles	, exce	pt commu	ting, by y	our/				
ĢĐ	employees? See the in:	etructions fo	r vehicles us	ed by cor	porate o	ffice	rs, di	rectors	or 19	6 or more	owners					┷
20	Do you treat all use of v	ehicles by A	molovees as	personal	นรอ?								,	*******		_
40	Do you provide more th	an five vehic	cles to your	mplovees	. obtain	info	rmati	ion fror	n your	employee	s about					
70	the use of the vehicles,	and retain t	he informatio	n receive	d?					,						
41	Do you meet the requir	ements cond	cernina quali	fied auton	nobile de	mor	stra	tion us	9?							_
71	Note: If your answer to	37, 38, 39,	40. or 41 is "	Yes," don	t compl	ete S	Section 1	on B fo	r the c	overed ve	hicles.					:
P	art VI Amortization						·									
	(a) Description	of costs		(b) Date amortization begins		Amo	(C) ortizab nount	ele		(d) Code section		(e) Amortiz period or pe	ation Ercentage		(f) Amortization for this yea	n r
70	Amortization of costs to	hat begins d	uring your 2		ar:											
≥				1 ;										···		
_				<u> </u>												
43	Amortization of costs t	hat began be	efore your 20)19 tax ye	ar			,,					43			
	Total. Add amounts in	•											44			