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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

SCANNED JUN 1 5 2010

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

Inspection

A	For the	2009 cal	endar ye	ar, or tax	year beginn	Ing			, а	nd en	ding					
<u>B</u> (Check if ap	plicable	Please	C Name	of organization	GREAT	ER SHENA	NDOAH	FOUND	OITAC	N	D Emplo	yer ide	entification nu	mber	
	Address	change	use IRS label or	Doing	Business As							42-1381	037			
	Name ch	ange	print or	Numbe	er and street (or	PO box if mail i	s not delivered	to street a	dress)	Roo		E Teleph		ımber		
\Box	nıtial retu	ım	type. See	РО ВОХ					,			712-246				
=	Terminate		Specific			country, and ZIP	+ 4					112-240	-2025	'		
=	Amended		instruc- tions.	1 '	NDOAH	Southary, and an		Α	5160	01-03	07	G Gross	receint	· s · S	1.4	48,122
=		n pending				ncipal officer:			0100							
<u> </u>	фриосис					•								for affiliates?		¥ No
						n St, Shenand	-					all affiliates			Yes[No
<u> </u>	ax-exe	mpt status	s: X 50	01(c) (3) ◄ (ins	ert no.)	4947(a)(1)	or	527		If "N	No," attach	a list (see instruction:	s)	
<u>J</u> V	Vebsite	: >				<u></u>			· · · · · · · · · · · · · · · · · · ·		H(c) Gro	up exempti	on nun	nber ▶ 9212	<u> </u>	
KF	orm of o	rganization	X co	orporation	Trust	Association	Other >	•		_ Year	of format	ion 19	91	M State of leg	al domicile	IA
Р	art I	Sur	mmary											* 		
	1	Briefly d	escribe	the organ	nization's mi	ssion or most	t significant	activities	: ACC	EPT	TAX D	EDUCT	BLE	DONATION	S AND G	RANT
						ISED TO FUN										
ဥ						THE SHEN										
Ë																
Activities & Governance	2	Check th	his box	▶ ∏ if	the organiz	ation disconti	nued its op	erations	ordispo	કેમ્લિલ	f/more	than 25	% of i	ts net asse	s.	
<u>ග</u> නේ	3	Number	of votin	g membe	ers of the go	verning body	(Part VI, lin	e 1a) .			VLU		Ī	3		12
8	4					ers of the go			/I. line 1	b)		. 181	.	4		12
¥	5					ine 2a)			APR.		2010			5		
Aci	6	Tatal and			(:6		1 1				ומו		6		<u>_</u>
	7a	Total gro	oss unre	lated bus	siness reven	ir necessary) lue from Part ne from Form	VIII, columi	n (C), lin(12n	□ Vi	117	,		7a		
	Ь	Net unre	elated bu	usiness ta	axable incon	ne from Form	990-T, line	34		-1A	<u>, U.I</u>	<u> J</u>	7	7b		
												Prior Yea	<u></u>	С	urrent Year	
•	8					ne 1h)							422,2		1,14	15,191
Revenue	9					ne 2g)								255		145
eve	10					(A), lines 3,							295,5	36	2	26,804
œ	11					lines 5, 6d, 8				· _						
	12					ust equal Part '							726,9	91	1,17	72,140
	13					rt IX, column							<u> 234,7</u>	79	13	<u> 36,226</u>
	 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–1 								_							
8	15															
Expenses						(, column (A),				· -						
Š			_		-	column (D), lii		·		-					· ·	1 - 1 -
_	1					lines 11a-11				-			11,3			1,540
	18 19					st equal Part		(A), line	25)	-			246,1			7,766
- 4	<u>,</u>	Revenue	e less ex	cpenses.	Subtract line	e 18 from line	12	<u></u>	<u></u>		Dantant		480,8			<u>24,374</u>
\$ 2	20	Total acc	coto (Bo	rt Y line	16\	. .				-	Beginni	ng of Curr			nd of Year	C 057
3 4	21									⊢			931 <u>,6</u>	-	2,90	6,057
Net Assets or Fund Balances	22					t line 21 from				⊢		1 (931,6	92	2.05	6,057
Pa	7		nature		co. Cubirac	Cline ZT HOM	iiie 20 .		· ·	J.			201,0	001	2,50	0,031
					declare that I h	ave examined thi	s return, includ	ing accomp	anying scl	hedules	and stat	ements, ar	d to th	e best of my kn	owledge	
						Declaration of pre										
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Sig	n			Tuo	<u>KUUL</u>	~							<u>1-2</u>	2-2010)	
Her		 7	Signature (of officer ()	~· .		_					Dat	е			
1101	·	-		Greg	4 Ritche	y Presid	ent									
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	parer's	Firm's	name (or	-	MILLER SI	HEARER, LA	SHIFR & C					EIN	<u> </u>			
USÐ	Only		employed)			7, SHENAND							· /7	12) 246 201	20	
NA	the ID		ss, and ZIF		-							hone no	- (/	12) 246-202		٦
						r shown abov			· · ·	<u> </u>	<u></u>	<u> </u>	• •	<u> LX</u>	Yes	No
For I		Act and	Paperwo	rk Reduc	tion Act Noti	ce, see the se	parate instru	ections.						1.	Form 990	(2009)

4e	Total program service expenses ► 114,031
	(Expenses \$ 40,958 including grants of \$ 14,500) (Revenue \$ 1,118,914)
4d	Other program services. (Describe in Schedule O.)
	•••••••••••••••••••••••••••••••••••••••
	••••••
	•••••••••••••••••••••••••••••••••••••••
	SHENANDOAH COMMUNITY SCHOOL STUDENTS
	MAY MENTORING PROGRAM TO PROVIDE MENTORING FOR
4c	MAY MENTODING PROCEDURE A PRITODING FOR
	•••••••••••••••••••••••••••••••••••••••
	PROVIDE FREE FOOD FOR THE NEEDY IN THE AREA
4b	OUTSIANDOAU FOOD DANTEN
44	(Code) \(\(\(\)
	•••••••••••••••••••••••••••••••••••••••
	PUBLIC PARK AND RECREATION AREA
	RAPP PARK & RECREATION AREA
4a	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	If "Yes," describe these changes on Schedule O.
-	services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	the prior Form 990 or 990-EZ?
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	INSTITUTIONS AND CHARITABLE CAUSES TO IMPROVE THE QUALITY OF LIFE IN THE SHENANDOAH AREA.
	TO ACCEPT TAX-DEDUCTIBLE DONATIONS, GRANTS AND BEQUEST WHICH CAN BE USED TO FUND WORTHY PROJECT
	THE GREATER SHENANDOAH FOUNDATION IS A TAX-EXEMPT CHARITABLE FOUNDATION AUTHORIZED UNDER IRC 501
1	Briefly describe the organization's mission:
	Statement of Program Service Accomplishments

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

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	1	1	1
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	l	l	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	į .	ĺ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	270		<u> </u>
	to defease any tax-exempt bonds?	24c		×
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		
28	If "Yes," complete Schedule L, Part III	27		X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? 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] _ [
24	conservation contributions? If "Yes," complete Schedule M	30		_ <u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		<u>X</u>
-	If "Yes," complete Schedule N, Part II	32		X _
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, Parts II,			
	III, IV, and V, line 1	34		_X_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	[]		
	Schedule R, Part V, line 2	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		ļ	
4 7	organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>_x</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	}	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	-31 		<u>^</u>
JÜ	19? Note. All Form 990 filers are required to complete Schedule O	38	x	
	10. Treater and commendate required to complete contended C		$\frac{1}{2}$	

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance					-8-
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				1	
	U.S. Information Returns. Enter -0- if not applicable	1a		1	ļ	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		ō	l	ŀ
C	Did the organization comply with backup withholding rules for reportable payments to vendors	and rep	ortable	7	ł	1
	gaming (gambling) winnings to prize winners?			1c	X	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1		-	 ^`	
	Statements, filed for the calendar year ending with or within the year covered by this return.	2a		ol	1	1
b	If at least one is reported on line 2a, did the organization file all required federal employment ta		s?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return				1-	 ^
	instructions)	(000		i		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	covered	hv			1
	this return?			3a	-	x
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .			3b	† -	 ^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or			100	 	+
	over, a financial account in a foreign country (such as a bank account, securities account, or of				}	
	account)?		iolai	4a		X
b	If "Yes," enter the name of the foreign country: ▶	• • •		70	 	┝
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Fo	reign R	ank	1		1
	and Financial Accounts.	reign D	aiik		ļ	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye	aar?		5a	1	v
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter to		 nn2	5b	├	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			30		 ^
•	Prohibited Tax Shelter Transaction?	Negar	my	5c		İ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and	 I did tha		30	-	┝
-	organization solicit any contributions that were not tax deductible?			6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such confidence in the statement of			l va		 ^
-	gifts were not tax deductible?	andation	3 01	6b		
7	Organizations that may receive deductible contributions under section 170(c).			00	-	\vdash
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and part	ly for an	ode	1	-	,
_	and services provided to the payor?	iy ioi go	003	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	\vdash	 ^
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which			/-		
•	required to file Form 8282?	ii ii was		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		··-		 -
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums of		sonal	1		l
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requ			7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1		ıs			
	required?			7h	х	ĺ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppor	tina				
	organizations. Did the supporting organization, or a donor advised fund maintained by a spons					ı
	organization, have excess business holdings at any time during the year?	_		8		X
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
0	Section 501(c)(7) organizations. Enter:	• •				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			j	
b	· · · · · · · · · · · · · · · · · · ·	10b]	- }	
1	Section 501(c)(12) organizations. Enter:				- 1	
а		11a			- 1	ł
b	Gross income from other sources (Do not net amounts due or paid to other sources				1	ļ
	· · · · · · · · · · · · · · · · · · ·	11b				1
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		041?	12a		~1
ь	• • • • • • • • • • • • • • • • • • • •	12b	· · · ·			

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 in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	i .		
þ	Enter the number of voting members that are independent			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		_ X_
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		1	
	of the governing body?	7a	L	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			'
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached]
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
		_	Yes	No
10a		10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		L
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	<u> </u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>
12a		12a		X
b				
	rise to conflicts?	12b		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			.,
	describe in Schedule O how this is done	12c		<u>X</u>
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		- "
L	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	į		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	46L		
		16b		
	List the states with which a copy of this Form 000 is required to be filed.			
17	List the states with which a copy of this Form 990 is required to be filed ► IA Section 6104 requires an empiration to make its Forms 1033 (or 1034 if applicable), 900, and 900 T (501/c)(3) and			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ily)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request	-4		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere	ડા		
١٥	policy, and financial statements available to the public.	_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► EDI NORRIS 712-246-1924	}		
	200 COLLEGE, SHENANDOAH, IA 51601			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average					that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BOB VAVRA DIR	0.	Х						0	0	0
jeannine liljedahl Dir	0.	х						0	0	0
JOEL BASHAW DIR	0.	х						0	0	0
KRIS SHERMAN DIR	0.	х	i					0	0	0
GREG RITCHEY PRESIDENT	0.5	х		x				0	0	0
VAUGHN LIVINGSTON VICE-PRESIDENT	0.	X		х				0	0	0
KIRK SHEARER DIR	0.	Х						0	0	0
BOB NORRIS DIR	0.	Х						0	0	0
BOB WILSON DIR	0.	Х						0	0	0
JAN BILLINGS DIR	0.	Х						0	0	0
KEN DEBAERE DIR	0.	X	Ц					0	0	0
MIMS HENSTORF DIR	0.	Х						0	0	0
		_						·····		

	(A)	(B)	l l	7003		<u> </u>	Anies	1 00	(D)	(E)	<u> </u>	(F	,
	Name and title	Average	Po	sition	-	-	hat ap	ply)	Reportable	Reportable		Estim	
	Name and dec	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensat from relate organizatio (W-2/1099-N	ion ed ins	amou oth compen from organiz and re organiz	nt of er sation the zation lated
										_			
													 -
<u></u>													
				_									
<u></u>					_	_							_
										·			
_1b	Total							. •			L		
2	Total number of individuals (including but no reportable compensation from the organization)		e list	ed a	bove) wh	no red	ceive	ed more than \$1	00,000 in			
												Yes	No
3	Did the organization list any former officer, of employee on line 1a? If "Yes," complete Sch										3	-	×
4	For any individual listed on line 1a, is the su the organization and related organizations g												
	individual										4		Х
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye										5		X
Sec	ction B. Independent Contractors												
1	Complete this table for your five highest comcompensation from the organization.	npensated indep	ende	ent c	ontra	ctor	s tha	at rec	eived more than	n \$100,000	of ——	_	
	(A) Name and business ad	ddress							(B) Description of servi	ices	Comp	(C) ensation	
							\dashv						
													· - ·
							\dashv						
2	Total number of independent contractors (incompression from the	•		d to	thos	e list	ted a	bove) who received				

Part	t VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tt st	1a	Federated campaigns		1a 22,25	50			
Contributions, gifts, grants and other similar amounts	b	Membership dues		1b				
₽ξ	_	Fundraising events	9	1c	-			
Ta a	ہ ا			1d	-			
ei Bi	u	Related organizations			-			
Sim	9	Government grants (contributions)		18				
iti P	f	All other contributions, gifts, grants						
혈충		similar amounts not included above	e	1f 1,122,94	11			
4 5	g	Noncash contributions included in	lines 1a-1f: \$			·		
ğ ğ	h	Total. Add lines 1a-1f		<u></u> •	1,145,191			
10				Business Code)			
enr	2a	POWER POINT RENTAL		532000	145	145		
æ	ь	PRIOR YEAR UNRECORDED INC	OME					
8	c				 			
2	d							
Š	<u>.</u>				 			
Tar	2	All other program coning revenue			-			
Program Service Revenue		All other program service revenue			445			
	g	Total. Add lines 2a-2f			145			
	3	Investment income (including divident	•	•				
		other similar amounts)			50,756	50,756		
	4	Income from investment of tax-exe	mpt bond pro	ceeds 🕨	·			
	5	Royalties		<u></u> >	•			•
			(ı) Real	(II) Personal				
	6a	Gross Rents	•					
	b	Less: rental expenses			7		•	
	C	Rental income or (loss)			=			
	d	Net rental income or (loss)			>			
	_	Gross amount from sales of	(i) Secunties	1				
	<i>i</i> a			```	-			
		assets other than inventory	252,	030	-			
	D	Less: cost or other basis			,	,		
		and sales expenses	275,		-		·,	
	С	Gain or (loss)						
	đ	Net gain or (loss)		<u> </u>	-23,952	-23,952		· · · ·
اما	8a	Gross income from fundraising					Í	
Ž		events (not including \$						
Š		of contributions reported on line 1c).					
&		See Part IV, line 18		a]			
er	b	Less: direct expenses		b	7 1	İ		
Other Revenue		Net income or (loss) from fundraisir						
٦		Gross income from gaming activitie						
		See Part IV, line 19		a	[ļ	
	h	Less: direct expenses		b	┥ !			
		Net income or (loss) from gaming a			 			
			cuvilles	 	 			
İ	ıva	Gross sales of inventory, less		_ [1		
j		returns and allowances			-			
		Less: cost of goods sold		b	-			
ļ	<u> </u>	Net income or (loss) from sales of in	nventory		 			
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
	d	All other revenue			†			
	8	Total. Add lines 11a–11d			 			,
	12	Total revenue. See instructions			1 172 140	26 949		

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4)

Section 50	7(c)(3) and 507(c)(4	i) organizations must co	ompiete all columns.

	All other organizations must complete column	(A) but all hot for	quirou to compicto	columns (b), (c),	and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21	114,031	114,031		
2	Grants and other assistance to individuals in	00.405	00.405		
	the U.S. See Part IV, line 22	22,195	22,195		<u> </u>
3	Grants and other assistance to governments,			‡	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
0					
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	· · · · · · · · · · · · · · · · · · ·			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	İ			
b	Legal				
c	Accounting				
d	Lobbying				
9	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	-			
g	Other				<u> </u>
12 12	Advertising and promotion				
					
13	Office expenses				
14	Information technology			·····	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not	- "			1
	covered above. (Expenses grouped together		ſ		į
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	CASH MANAGEMENT FEES	3,246	3,246		
b	TAX PREPARATION	1,470	1,470		
	LIABILITY INSURANCE	876	876	·····	
d	ADMINISTRATION FEES	5,397	5,397		
9	DUES & SUBSCRIPTIONS	150	150		
	All other expenses	401	401		
25	Total functional expenses. Add lines 1 through 24f	147,766	147,766		
26	Joint costs. Check here ▶ if following	141,100	177,700		
	SOP 98-2. Complete this line only if the organization	1	1		
	reported in column (B) joint costs from a combined			i	
	educational campaign and fundraising		I		
	solicitation				

Part X	Balance Sheet	(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		1	
2	Savings and temporary cash investments	597,479	2	1,271,590
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
13 7	Notes and loans receivable, net		7	
Assets 8 2	Inventories for sale or use		8	
و ¥	Prepaid expenses and deferred charges		9	
10a		,		
'	other basis. Complete Part VI of Schedule D			
Ь	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	17,218		17,359
12	Investments—other securities. See Part IV, line 11		12	.,,00
13	Investments—program-related. See Part IV, line 11	1,316,986		1,667,108
14	Intangible assets	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,931,683	16	2,956,05
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 22 22 22 22 22 22 22 22 22 22 22 22 22	Payables to current and former officers, directors, trustees, key			······································
ا مِ	employees, highest compensated employees, and disqualified	j		
دّ	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
ss.	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.			
<u>ک</u> ا		4 000 500		4.070.000
27	Unrestricted net assets	1,066,592		1,070,298
සී 28	Temporarily restricted net assets	865,091	28	1,885,759
달 29	Permanently restricted net assets		29	
Net Assets or Fund Balances 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
କ୍ଷ୍ମ 30	Capital stock or trust principal, or current funds		30	
§ 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds.		32	
≝ 33	Total net assets or fund balances	1,931,683	33	2,956,057
34	Total liabilities and net assets/fund balances	1,931,683		2,956,057

Part	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	L	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.	1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Fo	m 990	(2009)

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.

See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Name of the organization Employer identification number **GREATER SHENANDOAH FOUNDATION** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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). 6 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.) 8 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). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 that describes the type of supporting organization and complete lines 11e through 11h. a | Type I c | Type III-Functionally integrated b | Type II Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vil) Amount of (ii) EIN (I) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section. governing document? col (i) of your (I) organized in the (see instructions)) support? Yes Yes Yes

Schedule A (Form 990 or 990-EZ) 2009 **GREATER SHENANDOAH FOUNDATION** 42-1381037 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 133,651 128,415 140,996 422,275 185,191 1,010,528 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 133,651 128,415 140,996 422,275 185,191 1,010,528 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4. 1,010,528 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 133,651 128,415 140,996 7 Amounts from line 4 422,275 185,191 1,010,528 R Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 43,989 47,386 67,904 295,535 26,949 481,763 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 IV.) 11 Total support. Add lines 7 through 10. 1,492,291 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 67.72% 15 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%

or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

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Schedule A (Form 990 or 990-EZ) 2009 GREATER SHENANDOAH FOUNDATION

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
4	Gifts, grants, contributions, and						
1	membership fees received. (Do not						
	include any "unusual grants.")			-			
	include any unusual grants.)						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose					l	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
-	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					1	
	amount on line 13 for the year						
С	Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line 7c from	4					
	line 6.)		,	·	`	L	
	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨 📗	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
э 10а	Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less				<u> </u>	 	
D	section 511 taxes) from businesses			1			
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
с 11	Net income from unrelated business						
• •	activities not included in line 10b,		1				
	whether or not the business is regularly			ĺ			
	carried on						
12	Other income. Do not include gain or		<u> </u>				
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
13	and 12.)					i	
4.4	First five years. If the Form 990 is for the org	anization's fire	t second thir	d fourth or fifth	tay year as a	section 501(c)	(3)
14							_ []
	organization, check this box and stop here			 	· · · · · · ·	· · · · · ·	<u> </u>
	tion C. Computation of Public Support					15	
15							
16_	Public support percentage from 2008 Schedu			<u> </u>	· · · · _ ·	16 [
	tion D. Computation of Investment Inco						
17	Investment income percentage for 2009 (line					17	
18	Investment income percentage from 2008 Sch	nedule A, Part	III, line 17			18	
19a	33 1/3% support tests-2009. If the organizat						
	not more than 33 1/3%, check this box and st						▶ 📙
b	33 1/3% support tests-2008. If the organization die	d not check a bo	ox on line 14 or l	ine 19a, and line	16 is more than	33 1/3% and	
	line 18 is not more than 33 1/3%, check this box an						▶∐
20	Private foundation. If the organization did no						

Schedule A (Form	990 or 990-EZ) 2009	GREATER SHENANDOAH FOUNDATION	42-1381037	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations require	d by Part II, line 1	0;
	Part II. line 17a	or 17b; and Part III, line 12. Provide any other additional information	. See instructions	s

		•••••		
		•••••••••••••••••••••••••••••••••••••••		
				
		•••••••••••••••••••••••••••••••••••••••		
				
			·	

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

Inspection Employer identification number

GREATER SHENANDOAH FOUNDATION	42-1381037
Form 990, Part III, Line 4d: Program Service Expenses: 40,958, Grants and allocations: 14,50	0,
Revenue: 1,118,914 ALL OTHER PROGRAMS	
Form 990 Part VI Section B Line 11A FORM 990 IS REVIEWED AND APPROVED FOR SIGNI	NG AT THE BOARD
MEETING	
Form 990 Part VI Section C Line 19 THE DOCUMENTS ARE MADE AVAILBLE UPON REQUE	ST OF ANY INTERESTED
PARTY AT SUCH TIME AS CAN BE ARRAGED BY BOTH PARTIES	•••••
Form 990 Part VII Section A Line 1 NO EMPLOYEES OR OFFICERS ARE COMPENSATED	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	