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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)

2010 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury

benefit trust or private foundation)

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

and ending For the 2010 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable GREATER SHENANDOAH FOUNDATION Doing Business As Address change 42-1381037 E Telephone number Number and street (or P O box if mail is not delivered to street address) Name change Initial return 712-246-2029 PO BOX 307 City or town, state or country, and ZIP + 4 Terminated 51601-0307 G Gross receipts \$ SHENANDOAH IΑ 882,309 Amended return Name and address of principal officer H(a) Is this a group return for affiliates? Yes X Application pending Vaughn Livingston 208 West Clarinda, Shenandoah, IA 51601 H(b) Are all affiliates included? If "No," attach a list (see instructions) 501(c)(3) 4947(a)(1) or 527 ) (insert no ) Tax-exempt status H(c) Group exemption number ▶ 9212 Website: ▶ X K Form of organization Corporation Trust Association Other > L Year of formation 1991 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: ACCEPT TAX DEDUCTIBLE DONATIONS AND GRANTS AND BEQUESTS WHICH CAN BE USED TO FUND WORTHY PROJECTS, INSTITUTIONS AND CHARITABLE Activities & Governance CAUSES TO IMPROVE THE QUALITY OF LIFE IN THE SHENANDOAH AREA Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . 0 6 Total number of volunteers (estimate if necessary). Total unrelated business revenue from Part VIII, column (C), line 12. 0 7a Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** 1,145,191 712,500 8 Contributions and grants (Part VIII, line 1h) . 145 65 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII), column (A), limbs & (A) and 7b) 26.804 96,186 10 Other revenue (Part VIII, column (A), lines-5, 6d, 8c, 9q, (\$\phi c, and 11e) 0 11 Total revenue—add lines 8 through 11 (must equal Part VIII (ஜியார் (A), line 12) 808,751 1,172,140 12 Grants and similar amounts paid (Part X, column (A), lines 1-3). 136,226 558,186 13 0 Benefits paid to or for members (Part IX, column (A), Line(4) 14 0 0 15 Salaries, other compensation, employee benefits (Part IX column (A), lines 5–10). Professional fundraising fees (Part IX, column (A), line 11e) 0 0 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 11.540 15.470 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 147,766 573,656 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,024,374 19 Revenue less expenses. Subtract line 18 from line 12 235,095 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16). 2,938,698 3,191,152 Total liabilities (Part X, line 26) . . . 21 22 2.938.698 3,191,152 Net assets or fund balances Subtract line 21 from line 20 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 Sign Signature of officer Here 6-21-President Type or finnt name and title Print/Type preparer's name Preparer's signature Date PTIN Paid self-employed KIRK SHEARER Preparer's 28 42-10 Firm's name ► MILLER, SHEARER, LASHIER & CO, PC Firm's EIN Use Only Firm's address ► PO BOX 307, SHENANDOAH, IA 51601 (712) 246-2029 X Yes May the IRS discuss this return with the preparer shown above? (see instructions). No

For Paperwork Reduction Act Notice, see the separate instructions. (HTA)

Form **990** (2010)

A17-28

SCANNED JUL 1 3 2011

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: THE GREATER SHENANDOAH FOUNDATION IS A TAX-EXEMPT CHARITABLE FOUNDATION AUTHORIZED UNDER IRC 501(C)3 TO ACCEPT TAX-DEDUCTIBLE DONATIONS, GRANTS AND BEQUEST WHICH CAN BE USED TO FUND WORTHY PROJECTS, INSTITUTIONS AND CHARITABLE CAUSES TO IMPROVE THE QUALITY OF LIFE IN THE SHENANDOAH AREA.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 390,600 including grants of \$ 0 ) (Revenue \$ 92,135)  Various Scholarship Funds to provide college Scholarships to area students	
4b	(Code: ) (Expenses \$ 25,820 including grants of \$ 0 ) (Revenue \$ 24,555)  Everly Brothers Home Boyhood Home Restoration Project	
4c	(Code: ) (Expenses \$ 40,084 including grants of \$ 1,500 ) (Revenue \$ 44,440 ) MAY MENTORING PROGRAM TO PROVIDE MENTORING FOR SHENANDOAH COMMUNITY SCHOOL STUDENTS	
4d	Other program services. (Describe in Schedule O.)	
4e	(Expenses \$ 117,152 including grants of \$ 4,000 ) (Revenue \$ 647,621 )  Total program service expenses ► 573,656	

	990 (2010) GREATER SHENANDOAH FOUNDATION	42-1381037	F	age 3
Part	IV Checklist of Required Schedules			
		<u> </u>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A		X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	+-	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	. 3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501( election in effect during the tax year? If "Yes," complete Schedule C, Part II	(h) . 4_		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		ļ	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	<u> </u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	1		۱.,
_	complete Schedule D, Part I	6	<del> </del>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<del> </del>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	<del></del>		-^-
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	. 9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	.		<u> </u>
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable		·.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," comple	ete 11a		X
	Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		Х
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	<del>}</del>		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	x	
đ	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
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, F	Part X 11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	$\vdash$	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," co		l i	
	Schedule D, Parts XI, XII, and XIII	<u>12a</u>		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If		1	V
40	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optionable to appropriate a capacity of the completing Schedule E.			X
13	10 110 0.92. 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13	$\vdash \vdash \vdash$	_ <u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?		$\vdash$	
D	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I a			Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
. •				

organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).

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

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

**b** If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

If "Yes," complete Schedule G, Part III . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.

15

16

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20a

#### Form 990 (2010) **GREATER SHENANDOAH FOUNDATION** 42-1381037 Part IV **Checklist of Required Schedules** (continued) 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . 22 Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a 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 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 Х 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . . . 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 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? 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 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

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

19? Note. All Form 990 filers are required to complete Schedule O . . . . . . . .

VI.

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Pa	t V - Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1.03	+
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	7	ŀ	1
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4		
С	gaming (gambling) winnings to prize winners?	1c	x	
2-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	<del>  ^</del>	┼
2a	Statements, filed for the calendar year ending with or within the year covered by this return.	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		x
J	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	<del>                                     </del>	<del>  ^</del>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		<del>  ^</del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		$\vdash$
+a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		x
b	If "Yes," enter the name of the foreign country:	74	_	<del>  ^</del>
IJ	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1	į	İ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	- 5a	-	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<del>                                     </del>	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del>                                     </del>	<del>  ^</del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		$\vdash$
O.	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 contributions or	<u> </u>		1
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			13
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.	į.	ŀ
<b>.</b>	and services 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 was			
•	required to file Form 8282?	7c	į	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		1. 1.	. 2
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	~ . ,	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	***	, *2',	•
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	٠, ٠		Ĺ
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	-4, x	A STATE OF	7, n
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
10	Section 501(c)(7) organizations. Enter:	1.0		ř
а	Initiation fees and capital contributions included on Part VIII, line 12	3.	* ( )	ļ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		*******	, ·
11	Section 501(c)(12) organizations. Enter:	1 . 1	, ,	1
а	Gross income from members or shareholders		. ,	l
b	Gross income from other sources (Do not net amounts due or paid to other sources	1. 1	,,	
	against amounts due or received from them.)	` .	Σ,	ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b> </b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	` ·		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ,	ملد	
а	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.		. `	-•
b	Enter the amount of reserves the organization is required to maintain by the states in which		, ,	
	the organization is licensed to issue qualified health plans		4	
C	Enter the amount of reserves on hand		-	<u>.</u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
_ b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	L	

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.

_		_
I	Χ	

Sect	ion A. Governing Body and Management			Υ	
		1.4		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 12	-		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 12	4	l	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with		1	
_	any other officer, director, trustee, or key employee?		2	<del> </del> -	X
3	Did the organization delegate control over management duties customarily performed by or unc				
	supervision of officers, directors or trustees, or key employees to a management company or o		3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization		5	<u> </u>	<del>                                     </del>
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 mo	re members			
	of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other		7b	-	<del>  ^-</del>
8	Did the organization contemporaneously document the meetings held or written actions underta	iken during	,	,	
_	the year by the following:		9.	x	
a	The governing body?		8a 8b	x	<del></del>
р 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		00	-^-	
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule 6		9	ļ	x
Sect	ion B. Policies (This Section B requests information about policies not required by the I				
<del>, , , , , , , , , , , , , , , , , , , </del>				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
b		such chapters,			
_	affiliates, and branches to ensure their operations are consistent with those of the organization?		10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body bef	ore filing the			
	form?		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- سر	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that	at could give			
	rise to conflicts?		12b		_X_
С	Does the organization regularly and consistently monitor and enforce compliance with the policy				
	describe in Schedule O how this is done		12c		X
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 ap		> "	y'a' .	- T
	independent persons, comparability data, and contemporaneous substantiation of the deliberation of the del	on and decision?	15a	. 1	,
a	The organization's CEO, Executive Director, or top management official	• •	15a		- <u>^</u>
b	Other officers or key employees of the organization	• • •	130	ira v	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra		, ,		
16a	with a taxable entity during the year?	ingement	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to	evaluate	1.00		<del>-^-</del>
	its participation in joint venture arrangements under applicable federal tax law, and taken steps			, ,	,
	the organization's exempt status with respect to such arrangements?	-	16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► IA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (501(c)(3)s or	ıly)		
	available for public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docume	nts, conflict of intere	st		
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the boo				
	organization: ► HEATHER RITCHEY	(712) 246-2	205		
	116 S BLOSSOM, SHENANDOAH, IA 51601				
			_	000	

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Form 990 (2010)

**GREATER SHENANDOAH FOUNDATION** 

22-1301037 Pa

Pa	rt	VI	

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average	ion (		C) k ali	that ap	oly)	(D) Reportable	(E) Reportable	(F) Estimated	
Name and Title	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	, ·	Officer	Key employee	<del></del>	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
(1) BOB VAVRA DIR	0.	х						0	0	0
(2) ¡EANNINE LILJEDAHL DIR	0.	х						0	0	0
(3) JOEL BASHAW DIR	0.	х						0	0	0
(4) KRIS SHERMAN DIR	0.	х						0	0	0
(5) GREG RITCHEY DIR	0.	х						0	0	0
(6) VAUGHN LIVINGSTON PRESIDENT	0.5	Х		X				0	0	0
(7) EDWARD BONEFAS DIR	0.	Х						0	0	0
(8) RON OESTMANN DIR	0.	х						0	0	0
(9) J C. IRVIN	0,	Х						0	0	0
(10) JAN BILLINGS VICE PRESIDENT	0.	х		х				0	0	0
(11) KEN DEBAERE DIR	0.	х						0	0	0
(12) MIMS HENSTORF DIR	0.	х						0	0	0
(13)								<del></del>		
(14)										
(15)									_	
(16)										<u> </u>

Part VII Section A. Officers, Directors,	Trustees, Key E	mplo	yee	s, a	ind	High	est	Compensated	Employees (d	ontinued)
(A) Name and title	(B) Average	Average Position (check all that						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	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
(17)										
(18)										
(19)										
(20)	-				-					
(21)										
(22)										
(23)	-									
(24)	-									
(25)										
(26)	-									
(27)	-									
(28)	-									
1b Sub-total								0	0	(
Total number of individuals (including but no reportable compensation from the organization)	t limited to those		l ab					ed more than \$	100,000 in	
3 Did the organization list any former officer, of employee on line 1a? If "Yes," complete Sch							_	est compensated		Yes No
4 For any individual listed on line 1a, is the sur the organization and related organizations gundividual	n of reportable co	ompe	nsa	tion						4 X
5 Did any person listed on line 1a receive or a for services rendered to the organization? If									ndıvıdual	5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest com- compensation from the organization.</li> </ol>	pensated indepe	nden	t co	ntra	cto	rs tha	at re	ceived more tha	an \$100,000 of	
(A) Name and business ac	Idress							(B) Description of sen	vices (	(C) Compensation
										C
									<del></del>	<u>C</u>
Total number of independent contractors (inc	cluding but not lin	nited	to th	1086	e list	ted a	bov	re) who received	1	0
more than \$100,000 in compensation from the	-	<b>&gt;</b>	"			0				<i>i •</i> .

Pai	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
Contributions, gifts, grants and other similar amounts	1a b c	Membership dues Fundraising events	<u>1</u> <u>1</u>	a 5,500 b 0 c 0	<u>0</u>   0  0			
Contributions, gifts, grants and other similar amounts	e f	Government grants (contribution All other contributions, gifts, grassimilar amounts not included all	ns) 1 ants, and	e (	2 0 1			,
Contri	g h	Noncash contributions included in <b>Total</b> . Add lines 1a-1f	_	<b>&gt;</b>	<b>-</b>			
evenue	2a			Business Code 532000	65	1	5	
Program Service Revenue	b c				0			
ogram S	e f	All other program service reven			0			
	<u>g</u> 3	Investment income (including d		est, and	65	3	-	`
	4 5	other similar amounts) Income from investment of tax-	exempt bond p		75,906			
	6a	Royalties	(ı) Real	(ii) Personal				
	b	Less: rental expenses Rental income or (loss)		0 0				
	]	Net rental income or (loss) Gross amount from sales of assets other than inventory .	(i) Securities 93,83	(II) Other		\$2 .52 .52 .53		
	b	Less: cost or other basis and sales expenses	73,55		<b>-1</b> · · · · · · · · · · · · · · · · · · ·			
4.	ď	Net gain or (loss)			20,280			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18		0			A Company of the second	
ŏ	С	Less direct expenses Net income or (loss) from fundra	aising events	0	0			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Gross income from gaming actives See Part IV, line 19	а					
	С	Net income or (loss) from gamir Gross sales of inventory, less		<b>•</b>	0			
;		Less. cost of goods sold Net income or (loss) from sales  Miscellaneous Revenue	of inventory	0 ▶	0	200		
	11a b				0	·		, .
	c d e	All other revenue Total. Add lines 11a–11d			0	Section 1997		
	12	Total revenue. See instructions			808,751		0	0

#### 42-1381037

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	
All other organizations must complete column (A) but are not required to complete columns (B) (C) and (I	7)

	All other organizations must complete column (A	Tour are not requi	Ted to complete co.	10111113 (D), (O), and	(10).
	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	167,586	167,586	3	
2	Grants and other assistance to individuals in	101,000	101,000	<u> </u>	
_	the U.S. See Part IV, line 22.	390,600	390,600		İ
_		390,000	390,000	<u>'</u>	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			<u> </u>
4	Benefits paid to or for members	0	<u> </u>		
5	Compensation of current officers, directors,				
•	trustees, and key employees		)		
6	Compensation not included above, to disqualified			<del> </del>	
О	•	Ì			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	<del></del>		
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) .	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				1
		0			
а	Management	0			<del>                                     </del>
þ	Legal				
C	Accounting	0			
d	Lobbying	0			
0	Professional fundraising services. See Part IV, line 17	0	*** *** * * * * * * * * * * * * * * *		
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			<del></del>
		0			
15	Royalties				
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0		<u> </u>	
24	Other expenses. Itemize expenses not covered	43.32.44	7.46.		
44	above (List miscellaneous expenses in line 24f. If	10. 公司 教皇	TO PERSONAL SECTION		[15] \$ \$\$ (15) (1)
		The ship of said and			
	line 24f amount exceeds 10% of line 25, column				門外經 经第一代
	(A) amount, list line 24f expenses on Schedule O.)	الخرافين أركاع ما ما	(A) (E) (A) (F) (A)		· · · · · ·
а	CASH MANAGEMENT FEES	6,647	6,647		
b	TAX PREPARATION	1,485	1,485		
С	LIABILITY INSURANCE	876	876		
d	ADMINISTRATION FEES	5,873	5,873		
e	DUES & SUBSCRIPTIONS	150			
_	All other expenses	439	439		
					_
25	Total functional expenses. Add lines 1 through 24f.	573,656	573,656	0	0
26	Joint costs. Check here ▶ if following				
	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational				
	campaign and fundraising solicitation				
	ourispanding formational design of the control of t				5 000

42-1381037

**Balance Sheet** Part X (A) Beginning of year End of year 1 2 1.271.590 663.016 2 Savings and temporary cash investments. 3 0 Pledges and grants receivable, net . . . . . 3 0 4 4 Account's receivable, net . . . Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . 6 7 Inventories for sale or use . . . . . . 8 Prepaid expenses and deferred charges. 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 0 b Less, accumulated depreciation . . 10b 10c Investments—publicly traded securities . . . . . . . 17.359 11 0 11 0 Investments—other securities. See Part IV, line 11... 12 12 Investments—program-related See Part IV, line 11 2,528,136 1,667,108 13 13 14 0 14 0 15 0 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 2.956.057 16 3,191,152 17 17 18 18 19 19 Deferred revenue . 20 20 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 ol 23 Secured mortgages and notes payable to unrelated third parties . . . 23 Unsecured notes and loans payable to unrelated third parties . . . 0 24 24 Other liabilities. Complete Part X of Schedule D . . . . . . . . . . . . . 0 25 25 Total liabilities. Add lines 17 through 25 . . . . . . . . 0 26 26 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,070,298 27 Unrestricted net assets 1.885.759 28 28 Temporarily restricted net assets 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 2,956,057 33 3.191.152 3,191,152 Total liabilities and net assets/fund balances. 2,956,057

orm 9	990 (2010) GREATER SHENANDOAH FOUNDATION	4	<u>2-1381037</u>	Pa	ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>
4	Total revenue (must equal Part VIII, column (A), line 12)	111		80	8,751
1	Total expenses (must equal Part IX, column (A), line 25)	2			3,656
2	Revenue less expenses. Subtract line 2 from line 1	3		_	5,095
3 4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			6,057
5	Other changes in net assets or fund balances (explain in Schedule O).	5		2,00	0,001
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
•	column (B))	6		3.19	1,152
Part		<del>'</del>			<del></del>
	Check if Schedule O contains a response to any question in this Part XII.				
				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				l
	Schedule O.			<u> </u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
b	Were the organization's financial statements audited by an independent accountant?		. <b>2b</b>	<u> </u>	X_
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			İ	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	ļ	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain	ın			
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	,	ľ	,	] :
	issued on a separate basis, consolidated basis, or both:		• •	<u> </u>	,
	Separate basis Doth 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	<b> </b>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		36		

Form **990** (2010)

## 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.

ZUTU

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Employer identification number

<u>GRE</u>	ATE	<u>R SHENAND</u>	OAH FOUNDAT	TION					1	42-1	<u> 381037</u>		
Pai	t I	Reason	for Public Ch	narity Status (All org	ganızatio	ns must	complete	this par	t.) See ıı	nstructioi	าร		
The	o <u>rga</u> r		•	dation because it is: (F		_							
1	$\square$			irches, or association				ction 170	(b)(1)(A)	(i).			
2	$\square$	A school de	scribed in <b>secti</b>	on 170(b)(1)(A)(ii). (A	ttach Sch	nedule E.)							
3		A hospital o	r a cooperative	hospital service organ	ization de	escribed in	n section	170(b)(1	)(A)(iii).				
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:											
5		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.)											
6				vernment or governme	ntal unit o	described	in sectio	n 170(b)(	1)(A)(v).				
7	X	An organiza	tion that normal	lly receives a substant )(1)(A)(vi). (Complete	ial part of					or from th	e gene	ral pub	lic
8						Complete	Part II.)						
9	<u> </u>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)  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 <b>section 509(a)(2)</b> . (Complete Part III.)											
10		An organiza	tion organized a	and operated exclusive	ely to test	for public	safety. S	ee <b>sect</b> io	on 509(a)	(4).			
11		purposes of	one or more pu	and operated exclusive oblicly supported organ at describes the type of Type II c	of support	described	in section	i 509(a)(1 id comple	l) or secti ete lines 1	on 509(a) 1e throug	(2). Se	e <b>sec</b> ti	
e f g		By checking persons othe 509(a)(1) or If the organic organization	this box, I certifier than foundation section 509(a)(section received), check this box st 17, 2006, has	fy that the organization on managers and othe 2).  a written determination	er than on	e or more IRS that	publicly s	supported be I, Type	d organiza e II, or Typ	r more dis	squalifie cribed	ed	
		• .		or indirectly controls,	either alo	ne or toge	ether with	persons	described	d in (iı)		Yes	No
			-	verning body of the su		_		-			11g(i)		
		• •	•	person described in (i	-						11g(ii)		
				ty of a person describe						•	11g(iii)	ĹJ	
<u>h</u>				ation about the suppor	,				Г		1		
(1)	(I) Name of supported (II) EIN organization		(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (I) li	organization isted in your document?	the organ col (i)	rou notify nization in of your port?	organiza (I) organ	Is the ation in column the S?	(vii) Amount of support		t of
				'	Yes	No	Yes	No	Yes	No			
(A)													
(B)											<u> </u>		0
												<del></del>	0
(C)									:				0
(D)													0
(E)													0
				The state of the state of		34 y 144		• ' ;	: ."	. : .			

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.)

Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not			ļ			
	include any "unusual grants")	128,415	140,996	422,275	185,191	220,751	1,097,628
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0					0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	·				0
4	Total. Add lines 1 through 3	128,415	140,996	422,275	185,191	220,751	1,097,628
5	The portion of total contributions by each			3. 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•		
	person (other than a governmental unit		4.				
	or publicly supported organization)						
	included on line 1 that exceeds 2%		The state of the s				
	of the amount shown on line 11,	, ,					
	column (f)	2 - 3 - 4 - 2	*** °,   °,	13 4 4 1/2/	* * * * * * * * * * * * * * * * * * * *	-	
6	Public support. Subtract line 5 from line 4.	1.1.1		• • •			1,097,628
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	128,415	140,996	422,275	185,191	220,751	1,097,628
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	47,386	67,904	295,535	26,949	96,186	533,960
9	Net income from unrelated business						
	activities, whether or not the business is					i	
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0					0
11	• • • • • • • • • • • • • • • • • • • •	54 15 THE				` . '.	1,631,588
12	Gross receipts from related activities, etc. (s		•			12	
13	First five years. If the Form 990 is for the o		st, second, thi	rd, fourth, or fift	th tax year as a	a section 501(c	
	organization, check this box and stop here				<u> </u>		▶∟
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2010 (line 6, o					14	67.27%
15	Public support percentage from 2009 Scheo						67.72%
16a	33 1/3% support test-2010. If the organiza						
	and stop here. The organization qualifies as						
b	33 1/3% support test-2009. If the organiza						check this
	box and stop here. The organization qualific	es as a publicly	supported org	anization .		• •	▶ 🛄
17a	10%-facts-and-circumstances test-2010.	If the organizat	tion did not che	eck a box on lin	e 13, 16a, or 1	6b, and line 14	
	is 10% or more, and if the organization mee	ts the "facts-an	d-circumstance	es" test, check	this box and st	t <b>op here</b> . Expla	in in
	Part IV how the organization meets the "fact	ts-and-circumst	ances" test. Th	ne organization	qualifies as a	publicly suppor	ted
	organization						▶ 🗔
b	10%-facts-and-circumstances test-2009.	-					
	15 is 10% or more, and if the organization m						xplain in
	Part IV how the organization meets the "fact			_	qualifies as a	publicly	
	supported organization						. ▶□
18	Private foundation. If the organization did r	not check a box	on line 13, 16	a, 16b, 17a .or	17b, check thi	s box and see	
	instructions				•		▶□

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0					(
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	0					(
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	0	ï				(
5	The value of services or facilities furnished by a governmental unit to the organization without charge .	0					(
6 7a	Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	(
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					0	0
8 8	Add lines 7a and 7b  Public support (Subtract line 7c from line 6)	0	<u> </u>	0	0	. 0	<u>_</u>
Sec	tion B. Total Support	<u> </u>	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	<del> </del>
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	0	0	o	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans,						
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						C
_	acquired after June 30, 1975 Add lines 10a and 10b	0	0	0	0	0	0
С 11	Net income from unrelated business activities not included in line 10b, whether				·	J	
12	or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0					0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here						▶ [
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8, column		13, column (f))	•		15	0.00%
16	Public support percentage from 2009 Schedule A,			•		16	0.00%
Sec	tion D. Computation of Investment Inco						
17 18	Investment income percentage for 2010 (line 10c, or Investment income percentage from 2009 Schedul	e A, Part III, line	17		- # 22 - 122	17 18	0.00% 0.00%
19a b	33 1/3% support tests-2010. If the organization do not more than 33 1/3%, check this box and stop he 33 1/3% support tests-2009. If the organization do	ere. The organiza	ition qualifies as	a publicly suppo	rted organization	1	. •
20	line 18 is not more than 33 1/3%, check this box ar Private foundation. If the organization did not che	-	-		-	-	<b>▶</b> [

Part IV  Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part III, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	Schedule A (Form	1990 or 990-EZ) 2010	GREATER SH	HENANDOAH FO	DUNDATION		42-1381037	Page 4
Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	Part IV	Supplemental	Information.	Complete this p	art to provide the	explanations required	by Part II, line 1	0;
instructions).		Part II. line 17a	or 17b; and P	art III. line 12. A	Also complete this	part for any additiona	l information. (Se	ee
						, , , , , , , , , , , , , , , , , , ,	`	
		inotidotionoj.						-
				• • • • • • • • • • • • • • • • • • • •				
	•••							
		• • • • • • • • • • • • • • • • • • • •						
					***************************************			
				· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • • •	

### SCHEDULE D (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

► See separate instructions.

OMB No 1545-0047

Inspection

► Attach to Form 990. Internal Revenue Service Employer identification number Name of the organization GREATER SHENANDOAH FOUNDATION 42-1381037 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year) Aggregate grants from (during year) . . 3 Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1 . . . . . . . . . . . . . . . . 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 SFAS 116 (ASC 958) relating to these items: 

Sched	ule D (Form 990) 2010								Page 4
Part	III Organizations Maintaining	Collect	ions of A	rt, Histoı	ical Tre	asures, or	Other	Similar Asse	ts (continued)
3	Using the organization's acquisition, use of its collection items (check all the			er records	, check a	ny of the foll	owing	that are a signi	ficant
a	Public exhibition			d 🗌	Loan	or exchange	progra	ıms	
b	Scholarly research			е 🗌	Other				
С	Preservation for future generat	ions							
4	Provide a description of the organizate Part XIV.	tion's co	llections ar	nd explain	how they	further the	organiz	ation's exempt	purpose in
5	During the year, did the organization assets to be sold to raise funds rathe								Yes No
Part	IV Escrow and Custodial Arra IV, line 9, or reported an am					ization ans	wered	"Yes" to Form	n 990, Part
1a	Is the organization an agent, trustee, included on Form 990, Part X?				-	ntributions o		assets not	Yes X No
b	If "Yes," explain the arrangement in F								
	, ,		•						Amount
С	Beginning balance						1	С	(
d	Additions during the year						1	d	
е	Distributions during the year						1	е	
f	Ending balance						1	f	(
2a b	Did the organization include an amou			art X, line	21?				Yes X No
Part				ation ans	wered "\	es" to Forn	n 990.	Part IV. line 1	0.
كبنبك	Endownione Fundo. Compr	1	rrent year	(b) Pno		(c) Two years		(d) Three years ba	
1a	Beginning of year balance	(,	0		, , , , ,	(1)			
b	Contributions								· · · · · · · · · · · · · · · · · · ·
C	Net investment earnings, gains,							1. 1. 2. 1	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	and losses							A 18 7 441 44	
d	Grants or scholarships		_		-			J. A. S. W. S.	<del></del>
e	Other expenditures for facilities							7. 1, 4.	2000年 中心的特殊的 /·
·	and programs								
f	Administrative expenses							t1. It ,u.: 5	7. 2. 32. 43.70.5
g	End of year balance		0		0		0		
2	Provide the estimated percentage of	the vear	end baland	ce held as			<u> </u>		·
- a	Board designated or quasi-endowmer		<b>&gt;</b>	%					
b	Permanent endowment		%						
C	Term endowment	%	33						
3a	Are there endowment funds not in the		sion of the	organizat	ion that a	re held and	admini	stered for the	
	organization by:	•		Ū					Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(ii), are the related organ								3b
4	Describe in Part XIV the intended use								<del></del>
Part									-
	Description of investment		(a) Cost or ot	her basis	(b) Co	st or other s (other)	, ,	Accumulated depreciation	(d) Book value
1a	Land			0		0			0
b	Buildings	. [		0		0		0	
c	Leasehold improvements	. 🗀		0		0		0	
d	Equipment	.		0		0		0	
9	Other		···	0		0		0	
	. Add lines 1a through 1e. (Column (d)	must ed	qual Form 9	990, Part 2	X, columr	n (B), line 10	(c) )	•	0
									<del></del>

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2010

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Page	

Part VII Investments—Other Securiti	es. See Form 990, Part X	, line 12.	
(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	0	)	
(2) Closely-held equity interests	0		
(3) Other	0		
(A)		· · · · · · · · · · · · · · · · · · ·	_
(B)	0		_
(C)	0	<del>                                     </del>	_
( <u>D</u> )	0	·	_
(E)	0		_
(F)	0		-
(G) (H)	0		_
(1)	0	<u> </u>	_
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	· · · · · · · · · · · · · · · · · · ·	_
Part VIII Investments—Program Relat	ted. See Form 990, Part X	(, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) MUTUAL FUNDS	2,528,136	C	
(2)	0		
(3)	0		_
(4)	0		_
(5)	0		_
(6)	0		_
(7)	0		_
(8) (9)	0		_
(10)	0		_
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	2,528,136	CAMPAGE CONTRACTOR	7.1
Part IX Other Assets. See Form 990,	Part X, line 15.		
	a) Description	(b) Book value	
(1)			0
(2)	<del></del>	·	0
(3)		<del>_</del>	<u>0</u>
(4)			0
(5)		·	<u>0</u>
	· · · · · · · · · · · · · · · · · · ·		0
(8)			ŏ
(9)			0
(10)			0
Total. (Column (b) must equal Form 990, Part X,	col (B) line 15)		0
Part X Other Liabilities. See Form 99	0, Part X, line 25.		_
1. (a) Description of liability	(b) Amount	The state of the s	
(1) Federal income taxes	0		; ۲
(2)	0		;
(3)	0		
	0		
(5)	0		
(6)	0		
(7)	<del> </del>		-
(8) (9)		and the second s	
(10)	0		
(11)	0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	0		;
2. FIN 48 (ASC 740) Footnote. In Part XIV, provid	e the text of the footnote to the	he organization's financial statements that reports the	_

Sched	ule D (Form 990) 2010		Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financial	Statem	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	0
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.	10	0
_	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Ret	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<del></del>
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
ď	Other (Describe in Part XIV)	-	
e	Add lines 2a through 2d		0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)	· '	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5	0
	Reconciliation of Expenses per Audited Financial Statements With Expense		eturn
1	Total expenses and losses per audited financial statements	1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	:
a	Donated services and use of facilities		
b	Prior year adjustments	1, 3	^ <u>``</u>
c	Other losses	* , ,	<b>'</b>
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	, ,	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	-
b	Other (Describe in Part XIV ) 4b		
С	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	0
Par	XIV Supplemental Information		
and 2	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b part to provide any additional information.	o. Also co	omplete
	•••••••	• • • • • • •	•••••

# SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

2010

Employer identification number

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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 Inspection

GREATER SHENANDOAH FOUNDATION	42-1381037
Form 990, Part III, Line 4d: Program Service Expenses: 117,152, Grants and allocations:	
4,000, Revenue: 647,621 ALL OTHER PROGRAMS	
Form 990 Part Part VI Section B Line 11B FORM 990 IS REVIEWED AT AND APPROVED AT	THE BOARD
MEETING	
Form 990 Part Part VI Section C Line 19 THE DOCUMENTS ARE MADE AVAILABLE UPON R	EQUEST OF ANY
INTERESTED PARTY AT SUCH TIME AS CAN BE ARRANGED BY BOTH PARTIES	
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