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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

	ΑF	or the	e 2014 calendar year, or tax year beginning and e	nding				
	B C	heck if	C Name of organization		D Employer ide	ntification r	number	
		Addre	ss CIVIL WAR PRESERVATION TRUST					
		Name chang		54-	1426643			
		Initial return		loom/suite	E Telephone nur			
		Final	1 4440		301	301-665-1400		
		termir ated			G Gross receipts \$		23,919,438,	
		Amen	ded		H(a) Is this a grou	up return		
		Application			for subordin		Yes X No	
		pendi	SAME AS C ABOVE	H(b) Are all subordinates included? Yes No				
	1.7	ax-ex	empt status x 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	1		e instructions)	
			te: Www.CIVILWAR.ORG		H(c) Group exem			
			organization: x Corporation Trust Association Other	L Year	of formation: 1987		f legal domicile; VA	
	$\overline{}$	rt I	Summary	•			<u> </u>	
		1	Briefly describe the organization's mission or most significant activities THE PRES	SERVATIO	N OF AMERICA'S	 3		
	Activities & Governance		SIGNIFICANT BATTLEFIELDS BY PROTECTING THE LAND AND					
	r a	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its ne	et assets		
	Ne.		Number of voting members of the governing body (Part VI, line 1a)		3	28		
	ğ		Number of independent voting members of the governing body (Part VI, line 1b)			4	27	
	တ္	i	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			5	61	
l (c)	iţi		Total number of volunteers (estimate if necessary)		6	58		
2015	흉		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.	
2	۷		Net unrelated business taxable income from Form 990-T, line 34			7b	0.	
Ø.				ļ.	Prior Year		urrent Year	
		8	Contributions and grants (Part VIII, line 1h)		26,459,0		23,402,917.	
Щ	Revenue	9	Program service revenue (Part VIII, line 2g)		165,2		154,945.	
	eve		Investment income (Part VIII, column (A) Hinas 3, 4, and 7d)		<756.8		85,274,	
	œ	11	Other revenue (Part VIII, column (A) Fines 5-6d, 8e, 9c, 10c, and 11e)		328 1		264 511.	
Z		12	Total revenue - add lines 8 Through 11 (must equal Ran VIII, column (A), line 12)		26,195,5		23,907,647.	
SCANNED DEC		13	Grants and similar amounts paid (Part IX, coppin (A) dias 1.3)		13,076,0	03.	6,328,128.	
$\ddot{\circ}$		14	Benefits paid to or for members (Rart IX, Column (A), line 4)			0.	0.	
Ø	ç	15	Salaries, other compensation, employed benefits (Hart IX, column (A), lines 5-10)		3,262,8	12.	3,380,683,	
	Expenses	16a	Professional fundraising fees (Partix) column (A) line 11e)		86.6	32.	21,835.	
	cbe		Total fundraising expenses (Part X, column (D), line 25) 1,837,1	59.				
	Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,101,2	78.	6.683.784.	
		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		22 526 7	25.	16 414 430	
		19	Revenue less expenses Subtract line 18 from line 12		3,668,8	51.	7,493,217.	
	ces			Be	ginning of Current Yo	ear E	nd of Year	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)		91,294,4	34.	98,740,682.	
	t As Id B	21	Total liabilities (Part X, line 26)	<u> </u>	5 876 0	15.	5 746 546	
	Fur	22	Net assets or fund balances Subtract line 21 from line 20		85 418 4	19.	92 994 136.	
	Pa	ırt II	Signature Block					
	Unde	er pena	alties of perjury, I declare that I have examined this ethan, including accompanying schedules	and statem	ents, and to the best	of my knowle	dge and belief, it is	
	true,	corre	ct, and complete. Declaration of prepare fother than office as based on all information of which	ch preparer	has any knowledge.			
			O Secret					
	Sign	า	Signature of Officer		Date 🛕	11121	10	
	Her	е	O. JAMES LIGHTHIZER, PRESIDENT			1114	15	
			Type or print name and title			<u>/ / </u>		
			Print/Type preparer's name Preparer's Segnature	NOV)ate 1 2015 Check	к <u>Р</u>	PTIN	
	Paid		WILLIAM E, TURCO CPA 0 1 ' CO	110	I LUI3 il self-e	mployed POO	369217	
	Prep	arer	Firm's name RSM US LLP		Firm's EIN		714325	
	Use	Only	Firm's address 9737 WASHINGTONIAN BLVD., #400					
			CATEVER OD UP 20070 7340		Phone no	/2011 206	3600	

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

Form	990 (2014) CIVIL WAR PRESERVATION TRUST	54-1426643	Page 2
	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		x
1	Briefly describe the organization's mission		
	THE PRESERVATION OF AMERICA'S SIGNIFICANT BATTLEFIELDS BY PROTECTING		
	THE LAND AND EDUCATING THE PUBLIC ABOUT THE VITAL ROLES THOSE		
	BATTLEFIELDS PLAYED IN DIRECTING THE COURSE OF OUR NATION'S HISTORY,		
		- 100	
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes." describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
•	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by	expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported		Aponoso, and
4a	(Code) (Expenses \$		<u> </u>
44			
	LAND: IN 2014 THE CIVIL WAR TRUST (THE "TRUST") ACHIEVED RECORD SUCCESS IN		
			· · · · · · · · · · · · · · · · · · ·
	SAVING AMERICA'S UNPROTECTED CIVIL WAR BATTLEFIELDS ENDANGERED BY		
	SPRAWL, THROUGH ACQUISITIONS AND GRANTS, THE TRUST PRESERVED 2,317		
	ACRES IN 45 COMPLETED TRANSACTIONS AT 26 BATTLEFIELDS IN 10 STATES.		
	INCLUDING: MILL SPRINGS, KY, RICHMOND, KY, MANSFIELD, LA, SOUTH	•	
	MOUNTAIN MD VICKSBURG MS BENTONVILLE NC GLORIETA PASS NM		
	GETTYSBURG PA DAVIS BRIDGE TN FRANKLIN TN SHILOH TN STONES	<u>_</u>	
	RIVER TN APPOMATTOX COURT HOUSE, VA BRANDY STATION, VA CEDAR CREEK,		
	VA COLD HARBOR, VA GLENDALE, VA KELLY'S FORD, VA NORTH ANNA, VA		
	PETERSBURG VA PORT REPUBLIC VA RAPPAHANNOCK STATION VA REAMS		
	STATION VA TREVILIAN STATION VA HARPERS FERRY WV AND		
4b	(Code) (Expenses \$	ie \$	154,945.)
	MEMBERSHIP:		
	THE CIVIL WAR TRUST IS A MEMBERSHIP-BASED ORGANIZATION WITH	<u></u>	
	APPROXIMATELY 48,000 ACTIVE MEMBERS, EACH QUARTER, EVERY MEMBER		
	RECEIVES OUR 48-PAGE MAGAZINE HALLOWED GROUND AS FREE EDUCATIONAL	<u>-</u>	· · · · · · · · · · · · · · · · · · ·
	MEMBERSHIP BENEFIT. THE MAGAZINE HIGHLIGHTS HOW THEIR DIRECT SUPPORT		
	HELPS PRESERVE ENDANGERED CIVIL WAR BATTLEFIELD LAND, ADVANCES THE		
	CAUSE OF EDUCATION ABOUT THIS KEY PERIOD IN OUR NATION'S HISTORY, AND		
	EDUCATES THEM DIRECTLY ON HISTORICAL ELEMENTS OF IMPORTANCE ABOUT THE		
	CIVIL WAR AND LAND PRESERVATION. THE TRUST DEPENDS UPON ITS MEMBERS		
	AND SUPPORTERS TO HELP FULFILL ITS BATTLEFIELD PRESERVATION AND		-
	EDUCATION MISSIONS EVERY YEAR THROUGH THEIR DUES PAYMENTS. AS WELL AS		
	ADDITIONAL CHARITABLE GIFTS. THE TRUST ALSO HAS A MAJOR DONOR SOCIETY,		
4C	(Code) (Expenses \$	ie \$	/1,441.)
	EDUCATION:		
	IN 2014 THE EDUCATION DEPARTMENT HOSTED ITS 13TH ANNUAL TEACHER		
	INSTITUTE IN ATLANTA, GEORGIA, MORE THAN 140 TEACHERS FROM ACROSS THE		
	COUNTRY PARTICIPATED IN THIS 3-DAY PROFESSIONAL DEVELOPMENT EXPERIENCE		
	OFFERED FREE OF CHARGE, WE ALSO FORMED A TEACHERS REGIMENT, A COMMUNITY		
	OF EDUCATORS SHARING IDEAS AND RESOURCES ABOUT TEACHING THE CIVIL WAR.		
	THE EDUCATION DEPARTMENT LAUNCHED ITS "WAR DEPARTMENT VIDEO SERIES.		
	EXPANDED ITS "IN4" VIDEOS AND SAW THE SUCCESSFUL APPLICATION OF ITS NEW		
	FIELD TRIP FUND, WHICH HELPED TO SEND THOUSANDS OF STUDENTS TO CIVIL		
	WAR SITES IN 2014. DEPARTMENT STAFF ALSO CREATED CONTENT FOR SCORES OF		
	WEB PIECES AND NUMEROUS DIGITAL ASSETS INCLUDING A SUBSTANTIAL OVERLAND		
	CAMPAIGN ANIMATED MAP.		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 13,789,839.		Form 990 (2014)
			Point 330 (2014)

Form 990 (2014) CIVIL WAR PRESERVATION TRUST Part IV Checklist of Required Schedules

	ı İ		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			}
	If "Yes," complete Schedule A	1_	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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_		х_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х_
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	Х	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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," complete Schedule D,			
	Part VI	11a	Х	
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	11b_		X
С	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	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445	,,	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Х	
1Zd	Schedule D, Parts XI and XII	12a		
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		X
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_ X_
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	_17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_x_
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
		Form	990	(2014)

Form 990 (2014) CIVIL WAR PRESERVATION TRUST
Part IV Checklist of Required Schedules (continued)

	1		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		ı	
	any tax-exempt bonds?	24c		Х
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	_27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		
	If "Yes," complete Schedule N, Part I	31		_ X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	_	_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, Part II, III, or IV, and	24		
05-	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	25h		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	-	Х
36		26		
27	If "Yes," complete Schedule R, Part V, line 2	36	_Х	
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	27		,
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	_	<u> </u>
38	Note. All Form 990 filers are required to complete Schedule O	38	"	
	Note: All Form 330 meta die required to complete ochedule o		990	2014
		, OIII	550	(۲۱۷ع)

Form 990 (2014)

Form 990 (2014) CIVIL WAR PRESERVATION TRUST 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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 27 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available. for public inspection, indicate how you made these available. Check all that apply x Upon request X Own website ___ Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 RUTH HUDSPETH - 301-665-1400

Form **990** (2014)

1140 PROFESSIONAL COURT HAGERSTOWN MD

Form	വവ	1201	и١

CIVIL WAR PRESERVATION TRUST

54-1426643

Page 7

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) MICHAEL GRAINGER	4.00									-	
CHAIRMAN		Х		Х				0,	0.	0,	
(2) KIRK J. BRADLEY	4.00										
VICE-CHAIRMAN	4.00	X		х				0.	0.	0.	
(3) THOMAS H. LAUER	4.00	x		х				0.	0.	^	
TREASURER (4) DR. MARY M. ABROE	1.00	^		^				· · · · · · · · · · · · · · · · · · ·	0.	0.	
TRUSTEE	1.00	x						0.	0.	0.	
(5) TRACE ADKINS	1,00	_						<u>_</u>	•		
TRUSTEE		x						0.	0.	0.	
(6) HARRISON M. BAINS JR.	1,00										
TRUSTEE		x						0.	0.	0,	
(7) DON BARRETT	1.00										
TRUSTEE		х						0.	0.	0.	
(8) EDWIN C. BEARSS	1,00				1						
TRUSTEE		х				_		0.	0,	0.	
(9) PAUL W. BRYANT	1.00							•			
TRUSTEE		x						0.	0.	0.	
(10) WALTER W. BUCKLEY, JR.	1.00	1				ļ					
TRUSTEE	-	X	ļ					0.	0.	0.	
(11) CARLTON B. CRENSHAW	1.00	-									
TRUSTEE		X				-		0.	0.	0.	
(12) JEFF DAHLGREN	1,00	١									
TRUSTEE	1.00	Х						0.	0.	0.	
(13) ROBERT C. DAUM TRUSTEE	1.00	x					İ	0.	0.	0.	
(14) VINCE DOOLEY	1.00	^								<u>. </u>	
TRUSTEE	1.00	x						0.	0.	0.	
(15) LESTER FANT	1.00				$\overline{}$.×.		·	
TRUSTEE		х	L		L		L	0.	0.	0.	
(16) BRUCE C. GOTTWALD	1.00										
TRUSTEE		х						0.	0.	0.	
(17) WILLIAM J. HUPP	1.00]					1				
TRUSTEE		х		<u> </u>				0.	0.	0.	
432007 11-07-14										Form 990 (2014)	

Form **990** (2014)

	C PRESERVATION								34-1420043	ı age c
Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees,	and	iH t	ghe	st C	ompensated Employe	es (continued)	
' (A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours per week	hours per (do not check more than one box, unless person is both an					h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) DUKE R. LIGON	1.00									
TRUSTEE		х						0.	0.	0
(19) JEFFREY P. MCCLANATHAN	1.00									
TRUSTEE		х						0.	0.	
(20) JOHN NAU	1.00									
TRUSTEE		х						0.	0.	. 0
(21) STEPHAN F. NEWHOUSE	1.00									
TRUSTEE		х						0.	0.	0
(22) JEFF RODEK	1.00									
TRUSTEE		Х						0.	0.	0
(23) J. DENNIS SEXTON	1.00									
TRUSTEE		X						0.	0.	0
(24) JEFF SHAARA	1.00									
TRUSTEE		Х						0.	0.	0
(25) ROBERT UHLER	1.00									
TRUSTEE		X						0.	0.	0
(26) WILLIAM VODRA	1.00									
TRUSTEE		Х				L	L	0.	0.	0
1b Sub-total							▶	0.	0.	0
c Total from continuation sheets to P	art VII, Section A						>	1,242,331.	0.	188,817
d Total (add lines 1b and 1c)							<u> </u>	1,242,331.	0.	188,817

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

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(B) Name and business address Description of services Compensation ENVELOPES UNLIMITED PRINTING, PRODUCTION & MAILING 649 N. HORNERS LANE, ROCKVILLE, MD 20850 APPEALS 1,632,150. WIDE AWAKE FILMS, 315 DELAWARE ST., 2ND CREATING ANIMATED MAPS & FLOOR, KANSAS CITY, MO 64105 VIDEOS 384 300. WEB SERVICE FEES & SERVICE P.O. BOX 930256, ATLANTA, GA 31193-0256 330,903.

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

Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a 167 500 b Membership dues 1b 3 118 019 Fundraising events 1c d Related organizations 1d Contributions, (and Other Simil Government grants (contributions) 1e 5,583,324 f All other contributions, gifts, grants, and similar amounts not included above 14,534,074 313,000 g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 23,402,917 Business Code Program Service 2 a CONFERENCE REGISTRATIO 900099 154,945 154,945 All other program service revenue Total. Add lines 2a-2f 154 945 Investment income (including dividends, interest, and other similar amounts) 16,345 16,345. Income from investment of tax-exempt bond proceeds 4 53,690 53,690. 5 Royalties (i) Real (II) Personal 6 a Gross rents 200 815 b Less, rental expenses 0 200,815 c Rental income or (loss) d Net rental income or (loss) 200.815 200,815. (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 19,285 b Less: cost or other basis and sales expenses 4.046 c Gain or (loss) 19,285 <4.046 d Net gain or (loss) 15,239 15,239. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events ▶ 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses h c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns and allowances а 13,281 b Less cost of goods sold b 7,745 Net income or (loss) from sales of inventory 5,536 5,536 **Business Code** Miscellaneous Revenue 11 a OTHER REVENUE 900099 48.051 48,051 AFFINITY CARDS 900099 10,109 10,109. d All other revenue e Total. Add lines 11a-11d 58,160 Total revenue See instructions. 23 907 647 208 532 296 198. Form 990 (2014)

54-1426643

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b, 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 6,328,128 6,328,128 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 896,965 618,435 121,529 157,001, Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,976,348 1,362,644 267,773 345,931. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 19,084 13,158 2,586 3,340. 9 Other employee benefits 299,204 206,294 40,538 52,372. 10 Payroll taxes 189,082 130 367 25,619 33,096. 11 Fees for services (non-employees) Management 54,968 Legal 140,000 81,032 4,000. Accounting 36,400 22,470 7,090 6,840. C Lobbying Professional fundraising services. See Part IV, line 17 21.835 21 835. Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 762,536 5,906 794,697 26 255. 12 Advertising and promotion 64,907 64,907 13 Office expenses 884 241 940,949 64,401 878.891. Information technology 14 151,521 110,203 19 566 21,752, Royalties 15 16 Occupancy 607,200 410,840 90,463 105 897. 17 Travel 129 500 94 000 21,269 14,231. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 252,598 Conferences, conventions, and meetings 262,632 5,243 4.791. 19 Interest 110 817 20 110,817 21 Payments to affiliates 22 Depreciation, depletion, and amortization 106,332 95,512 6,910 3,910. 77,994 5,704 23 87,483 3,785. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) LAND MAINTENANCE 1,030,528 1,030,528 MEMBERSHIP FULFILLMENT 1 016 122 851,175 12,000 152,947. EDUCATIONAL PROGRAMS 142,663 142,663 OTHER EXPENSES 78,022 68,281 9,556 185. All other expenses 247 40,719 40,372 100. 25 Total functional expenses Add lines 1 through 24e 16,414,430 13,789,839 787,432 1,837,159. Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ____ if following SOP 98-2 (ASC 958-720)

Pal	π χ	Charle of School do Contains a response or po	to to on	v line in this Part Y			
		Check if Schedule O contains a response or not	te to an	y line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			131,912.	1	220,893
	2	Savings and temporary cash investments			10,899,104.	2	12,010,187
	3	Pledges and grants receivable, net			673,778.	3	74,226
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer of	fficers, directors,			
		trustees, key employees, and highest compensation	ated em	ployees Complete			
		Part II of Schedule L		_		5	
	6	Loans and other receivables from other disquale	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr)	Compl	ete Part II of Sch L	_	6	
Assets	7	Notes and loans receivable, net		<u> </u> _	-	7	<u> </u>
⋖	8	Inventories for sale or use		L		8	
	9	Prepaid expenses and deferred charges		<u> </u>	686,622.	9	1,871,939,
	10a	Land, buildings, and equipment cost or other	1				
		basis Complete Part VI of Schedule D	10a	84,834,628.			
	ь	Less. accumulated depreciation	10b	684,669.	78,492,782.	10c	84,149,959.
	11	Investments - publicly traded securities	_	352,090.	11	363,940.	
	12	Investments - other securities See Part IV, line	<u> </u>		12		
	13	Investments - program-related See Part IV, line	<u> </u>		13		
	14	Intangible assets	_		14		
	15	Other assets See Part IV, line 11		58,146,	15	49,538.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	91,294,434.	16	98,740,682
	17	Accounts payable and accrued expenses			253,199.	17	368,907.
	18	Grants payable	_		18		
	19	Deferred revenue			99,605.	19	91,930.
	20	Tax-exempt bond liabilities			4,800,000.	20	4,500,000,
	21	Escrow or custodial account liability Complete		_		21	
es	22	Loans and other payables to current and former		· · · · · · · · · · · · · · · · · · ·			
E	1	key employees, highest compensated employee	es, and	disqualified persons			
Liabilities		Complete Part II of Schedule L		_		22	
_	23	Secured mortgages and notes payable to unrela		· -		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa		I			
		parties, and other liabilities not included on lines	17-24)	Complete Part X of			
		Schedule D		-	723,211.	25	785,709.
	26	Total liabilities. Add lines 17 through 25		. —	5,876,015,	26	5,746,546,
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔯 and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
auc	27	Unrestricted net assets		_	8,263,596.	27	6,455,227.
Bal	28	Temporarily restricted net assets		-	77,154,823.	28	86,538,909.
pu	29	Permanently restricted net assets		, -		29	
Ī		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
ğ		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds		_		30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, d	or other funds	<u></u> .	32	
_	33	Total net assets or fund balances		-	85,418,419.	33	92,994,136.
	34	Total liabilities and net assets/fund balances			91 294 434	34	98 740 682.

Form **990** (2014)

-orm	990 (2014) CIVIL WAR PRESERVATION TRUST 54-1	426643	Pa	ge 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	23	907	<u>.647</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	16	,414	430.
3	Revenue less expenses Subtract line 2 from line 1	7	<u>,493</u>	217.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	85	418	419.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)		82	,500 <u>.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	92	994	<u>.136.</u>
Par	t XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
			Yes	No
1	Accounting method used to prepare the Form 990 Cash _x_ 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	<u> </u>	_х_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis	٠,		
	consolidated basis, or both		1	
	Separate basis x Consolidated basis Both consolidated and separate basis			
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	х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C)		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Au	dit		
	Act and OMB Circular A·133?	3a	х	<u></u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b_	х	<u> </u>
		Form	1990	(2014)

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.

OMB No 1545-0047

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

			WAR PRESERVATION						4-1426643
Part	t I	Reason for Public (Charity Status (A	All organizations must co	omplete th	ıs part) Se	ee instructions	· · · · · · · · · · · · · · · · · · ·	
he o	ganı	zation is not a private found	ation because it is (For lines 1 through 11, o	heck only	one box)			
1		A church, convention of chi	urches, or associatio	n of churches describe	d in sectio	n 170(b)(1	I)(A)(i).		
2 [A school described in secti	on 170(b)(1)(A)(ii). (/	Attach Schedule E)					
з [A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [A medical research organiza	ation operated in coi	njunction with a hospita	described	l in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state							
5 [An organization operated fo	or the benefit of a col	llege or university owner	d or operat	ted by a go	overnmental u	nıt describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	\mathbf{x}	An organization that normal	lly receives a substa	ntial part of its support i	rom a gov	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II)				
9		An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	hıp fees, a	and gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	ts support	t from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III)						
10		An organization organized a	and operated exclusi	vely to test for public sa	fety See :	section 50)9(a)(4).		
11 [An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2)	See section 5	09(a)(3). C	Check the box in
		lines 11a through 11d that	describes the type o	f supporting organizatio	n and com	iplete lines	s 11e, 11f, and	l 11g	
а	L	Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its sup	ported org	janization(s), t	ypically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	supporting
		organization You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anızatıon supervised	or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s) You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions	You must complete	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	rated in co	nnection v	vith its suppor	ted organı	zation(s)
		that is not functionally int	egrated The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and	an attent	iveness
		requirement (see instructi	•	•	•				
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	• •	nally integrated support	ing organiz	zation			
		r the number of supported o	•						
g		ide the following information	about the supporte	d organization(s) (iii) Type of organization	(iv) Is the o	rganization	(w) Amount of	monotony	(vi) Amount of
	()	Name of supported organization	(11) (11)	(described on lines 1-9	listed i	n your	support	-	other support (see
				above or IRC section	F	document?	Instructi	•	Instructions)
		·	- · - · · · · · · · · · · · · · · · · ·	(see instructions))	Yes	No			<u></u>
							-		
							_		
				-		<u></u>			
<u> Fotal</u>			<u> </u>			L			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 CIVIL WAR PRESERVATION TRUST 54-1426643

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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning ın) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	22,356,767.	16,511,283.	24,732,803.	26,459,082.	23,402,917.	113,462,852.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		-				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	22,356,767.	16,511,283.	24,732,803.	26,459,082.	23,402,917.	113,462,852.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						356 548,
6	Public support. Subtract line 5 from line 4						113 106 304.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	22,356,767.	16,511,283.	24,732,803.	26,459,082,	23,402,917,	113,462,852,
8	Gross income from interest,	,					
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	159.382.	134 645	418 996	201,602.	270.850.	1,185,475.
9	Net income from unrelated business	•					
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain				• •		
	or loss from the sale of capital						
	assets (Explain in Part VI)	57.825.	36 926	124,279	27.773.	58 160.	304.963.
11	Total support. Add lines 7 through 10						114,953,290.
	Gross receipts from related activities,	etc (see instruction	ons)	•		12	1,080,888.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	, , , , , , , , , , , , , , , , , , , ,
	organization, check this box and stor	here			•	,	ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	98.39 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	98.70 %
16a	33 1/3% support test - 2014. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ x
k	33 1/3% support test - 2013. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pai	t VI how the organ	nization
	meets the "facts-and-circumstances"					J	
Ł	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-	•			s
						dule A (Form 990	

432022 09-17-14

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 be	elow, please comp	olete Part II)				
Section A. Public Support	(-) 0010	#-> 0044	(=) 0040	(-1) 0010	(-) 0014	(D.T-1-1
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants ")					 -	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-]			ì	
iness under section 513						
4 Tax revenues levied for the organ- ization'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			<u> </u>			
6 Total. Add lines 1 through 5					1	
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year c Add lines 7a and 7b						
			-			
8 Public support (Subtract line 7c from line 6) Section B. Total Support			1		<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975			 	<u> </u>		
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support. (Add lines 9, 10c, 11, and 12)		l	.]			<u> </u>
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here					· · · · · · · · · · · · · · · · · · ·	<u> </u>
Section C. Computation of Publi						
15 Public support percentage for 2014 (I			column (f))		15	
16 Public support percentage from 2013					16	
Section D. Computation of Inves				<u></u>		
17 Investment income percentage for 20	14 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	· · ·
18 Investment income percentage from 2	2013 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2014. If the	organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box as b 33 1/3% support tests - 2013. If the	-	•		• • •		▶ ☐
line 18 is not more than 33 1/3%, che	-					
20 Private foundation If the organization		•	•		-	

54-1426643

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			T
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	1		
	class or purpose, describe the designation If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	ł		
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		1	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a_		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	ŀ		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class	ĺ		
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		L
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	İ		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		<u> </u>
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	[
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	[
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	1		
	organizations)? If "Yes," answer (b) below	10a	<u> </u>	ļ
h	Did the organization have any excess business holdings in the tay year? (I see Schedule C. Form 4720, to	1	1	1

determine whether the organization had excess business holdings

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule	A (Form	990 or	ggn.	・F71	2014

	(1)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Section E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014			
(reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014			
a			
		,	
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
Carryover from 2009 not applied (see instructions)			
Remainder Subtract lines 3g, 3h, and 3i from 3f		<u> </u>	
4 Distributions for 2014 from Section D,			
line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if			
any Subtract lines 3g and 4a from line 2 (if amount			
greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h			
and 4b from line 1 (if amount greater than zero, see			
instructions)			
7 Excess distributions carryover to 2015. Add lines 3j			
and 4c			
8 Breakdown of line 7			
a			
b			
<u> </u>			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 CIVIL WAR PRESERVATION TRUST 54-1426643 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2010 AMOUNT: \$ 57,825.
2011 AMOUNT: \$ 36,926.
2012 AMOUNT: \$ 124,279.
2013 AMOUNT: \$ 27,773.
2014 AMOUNT: \$ 58,160.

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

2014

Open to Public Inspection

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

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

tax, (occ ocparate mod dottorio), then				
 Section 501(c)(4), (5), or (6) organization 	tions Complete Part III			
Name of organization			Emp	loyer identification number
CIVIL WAR I	RESERVATION TRUST			54-1426643
Part I-A Complete if the org	anization is exempt un	der section 501(c) or is a section 527 o	organization.
 Provide a description of the organize 	ation's direct and indirect politi	cal campaign activities	in Part IV	
2 Political expenditures			▶ 9	S
3 Volunteer hours				
Part I-B Complete if the org	janization is exempt un	der section 501(c)(3).	
1 Enter the amount of any excise tax				S
2 Enter the amount of any excise tax	, ,			3
3 If the organization incurred a section	· •	=		Yes No
4a Was a correction made?	,	, ,		Yes No
b If "Yes," describe in Part IV				
	janization is exempt un	der section 501(c), except section 501	(c)(3).
1 Enter the amount directly expended	by the filing organization for s	ection 527 exempt fund	ction activities	3
2 Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for	section 527	
exempt function activities		•	▶ 9	S
3 Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-PO		
line 17b	, ida iii da ii da e e e e e e e e e e e e e e e e e e	a		S
4 Did the filing organization file Form	1120-POL for this year?			Yes No
5 Enter the names, addresses and en	•	INI) of all section 527 n	political organizations to whi	
made payments For each organiza	• •		•	0 0
contributions received that were pro-	•			•
political action committee (PAC) If	• •		•	aro oog. ogaroa tana or a
		T	 -	(a) Amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
			funds If none, enter -0-	promptly and directly
				delivered to a separate
				political organization If none, enter -0-
				ii fione, enter -0-
-	***			
	_			
	İ	1	i	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014 (Part II-A Complete if the org	CIVIL WAR PRESERVA anization is exem	ntion trust pt under section	n 501(c)(3) and file	54-142 ed Form 5768 (e	6643 Page 2 lection under
expenses, and shar	tion belongs to an affilia e of excess lobbying ex tion checked box A and	penditures)		group member's nam	e, address, EIN,
Limit	s on Lobbying Expend fitures" means amoun	ditures	visions арріу	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience public opinion (gr	ass roots lobbying)		233.	
b Total lobbying expenditures to influ	212 531.				
c Total lobbying expenditures (add li		212,764.			
d Other exempt purpose expenditure	es			16,151,412.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)			16,364,176.	
f Lobbying nontaxable amount Ente	er the amount from the	following table in both	n columns	968,209.	
If the amount on line 1e, column (a) o	r (b) is: The lobby	ying nontaxable amo	ount is:		
Not over \$500,000	20% of th	e amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100,000	plus 15% of the exce	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,000	plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,000	plus 5% of the exces	ss over \$1,500,000		
Over \$17,000,000	\$1,000,00	00			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			242,052.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0_	
i Subtract line 1f from line 1c If zero	•		Į	0.	
j If there is an amount other than ze		ne 11, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	-				Yes No
(Some organizations t	nat made a section 50 See the separat	e instructions for lin	nave to complete all ones 2a through 2f.)	of the five columns b	elow.
	Lobbying Expend	litures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	821,631.	796,050.	1,000,000.	968,209.	3,585,890
b Lobbying ceiling amount					
(150% of line 2a, column(e))			· · · · · · · · · · · · · · · · · · ·		5,378,835
c Total lobbying expenditures	133,755.	188,399.	177,959.	212,764.	712,877
d Crassroots portovable amount	205 400	100 013	250 000	242 052	006 473
d Grassroots nontaxable amount	205,408.	199,013.	250,000.	242,052.	896,473
e Grassroots ceiling amount (150% of line 2d, column (e))					1,344,710

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2014 CIVIL WAR PRESERVATION TRUST 54-1426643

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity	of the lobbying activity			Amo	unt
During the year, did the filing organization attempt to influence for	eiğri, national, state or				
local legislation, including any attempt to influence public opinion	on a legislative matter				
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses rep	oorted on lines 1c through 1i)?				
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?		_			
g Direct contact with legislators, their staffs, government officials, of	r a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectur	es, or any similar means?				
i Other activities?					
j Total Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described.	oed in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization ma					
d If the filing organization incurred a section 4912 tax, did it file For		504(-)	<u>/</u>		
Part III-A Complete if the organization is exempt un 501(c)(6).	der section 501(c)(4), sect	on 501(c)	(5), or se	ction	
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible	e by members?		1		
2 Did the organization make only in-house lobbying expenditures o	•		2		
3 Did the organization agree to carry over lobbying and political exp			3		
501(c)(6) and if either (a) BOTH Part III-A, I answered "Yes." 1 Dues, assessments and similar amounts from members	nes 1 and 2, are answered	1 "NO," OF	1 (b) Pan	A, III	ie 3, is
Dues, assessments and similar amounts from membersSection 162(e) nondeductible lobbying and political expenditures	/do not include amounts of polit	ıcal	- ' -		
expenses for which the section 527(f) tax was paid).	to not include amounts or point	icai			
a Current year			2a		
b Carryover from last year			2b		
c Total			2c		_
3 Aggregate amount reported in section 6033(e)(1)(A) notices of no	ndeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount		cess			
does the organization agree to carryover to the reasonable estim	•				
expenditure next year?			4		
5 Taxable amount of lobbying and political expenditures (see instru	ctions)		5		
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Par	t I-C, line 5, Part II-A (affiliated grou	p list), Part II	-A, lines 1 a	nd 2 (see	
instructions), and Part II-B, line 1. Also, complete this part for any addit		. ,,	•	`	
, , , , , , , , , , , , , , , , , , , ,					
NP					
				 .	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	CIVIL WAR PRESERVATION TRU	ST	54-1426643
Par	t I Organizations Maintaining Donor Advis	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Ii	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
٠	are the organization's property, subject to the organization'	*	Yes No
6	Did the organization inform all grantees, donors, and donor	•	
U	for charitable purposes and not for the benefit of the donor		•
		or donor advisor, or for any other purpose	
Par	impermissible private benefit? t II Conservation Easements. Complete if the o	rappization annuared "Vac" to Form 000. E	Yes No
	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		rant IV, line /
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (e.g., recreation or	·	
	Protection of natural habitat	Preservation of a cert	ified historic structure
	x Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a 8
b	Total acreage restricted by conservation easements		2b 237,00
C	Number of conservation easements on a certified historic s	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	d after 8/17/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation e		
5	Does the organization have a written policy regarding the p		
	violations, and enforcement of the conservation easements		Lx Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conserva-		
	include, if applicable, the text of the footnote to the organiz	ation's financial statements that describes	the organization's accounting for
	conservation easements	-	11 O
Par		•	tner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		'
	historical treasures, or other similar assets held for public e		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items		
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical ti	easures, or other similar assets for financia	
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

		RESERVATION TRUS						<u>54-14266</u>		Page 2
Par				-				•		
3	Using the organization's acquisition, accessi	on, and other records	s, check :	any of the f	following that	are a sigi	nificant	use of its	collection	ı ıtems
	(check all that apply)									
а	Public exhibition	d			nange progra					
b	Scholarly research	е	□ 0	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co			-	_			ose in Pan	t XIII	
5	During the year, did the organization solicit o					r sımılar a	ssets		" 1	
_	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		te if the c	organization	n answered "	Yes" to Fo	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	an or other intermedi	ary for co	ontributions	s or other ass	sets not in	cluded		7	 1
	on Form 990, Part X?							L.	」 Yes	Ll No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table									
									Amount	<u> </u>
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance								٦	
	Did the organization include an amount on F						<i>י</i> ץ		Yes	L No
	If "Yes," explain the arrangement in Part XIII						-			
Par	t V Endowment Funds. Complete			ĺ			. 71			
		(a) Current year	(b) Pri	or year	(c) Two year:	s back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses		-							
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance		. 0 4		W = -1-1	1				
2	Provide the estimated percentage of the curr	rent year end balance		, column (a))) held as					
а	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c should be a second and the									
Зa	Are there endowment funds not in the posse	ssion of the organiza	illon inal	are neio ai	ia aaminister	ed for the	organiz	zation	Г	V N-
	by									Yes No
	(i) unrelated organizations								3a(i)	-+
L	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	hotod oo roouwod or	- Cohodi	do D2					3a(ii)	
	Describe in Part XIII the intended uses of the	•							3b	
4 Par			willelit iu	1105						
	Complete if the organization answere		Part IV	line 11a Se	e Form 990	Part X lin	e 10			
	Description of property	(a) Cost or ot		(b) Cost	· ·	(c) Acc		2d	(d) Book	c value
	Description of property	basis (investm		basis (eciation	I	(u) Door	Value
10	Land				842.554.	2001			70	842 554
ia b	Buildings				069 620		327	691.		736 929
	Leasehold improvements			<u> </u>	564,047,	·		252.	4,	.736,929. 300,795.
ď	Equipment		+		358,407.			726.		269,681.
	Other				330,407.	.,		, 20.		203,001.
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part)	X. columi	n (B), line 1	0c)			•	84	149 959.

(a) Description of security or category (including name of security)	(b) Book value	ne 11b See Form 990, Pa		d-of-year market value
(1) Financial derivatives	(b) DOOK VAILE	(c) metrics of vali	201011 0031 01 611	a or your market value
(1) Financial derivatives (2) Closely-held equity interests		-		
(3) Other		-		
(A) (B)				· · · · · · · · · · · · · · · · · · ·
(C)				
(D)				
(E) (F)				
(G)				
(H)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				,
	to Form 000 Dort IV Iv	o 11a Sac Form 000 Da	rt V Jane 12	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value			d-of-year market value
	(D) DOOR TAIGO	(5) Motifod of Vali		
(1)		-		
(2)				
(3)				
(4)				
(5)	<u>-</u>			
(6)				
(8)				
	_		•	
(9) Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				1818.1
	to Form 990, Part IV, lii Description	ne 11d See Form 990, Pa	rt X, line 15	(b) Book value
(1)			····	<u> </u>
(2)				ľ
(3)				
(3) (4)			,	
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	-			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	-		▶ 90, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	-	ne 11e or 11f See Form 9 (b) Book value	▶ 90, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	-		▶ 90, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" in the complete of the organization of liability.	-		▶ 90, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to the organization of liability (1) Federal income taxes	-	(b) Book value	▶ 90, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1 (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT	-	(b) Book value	▶ 90, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" in the organization of liability (1) Federal income taxes (2) DEFERRED RENT (3) DEFERRED COMPENSATION PAYABLE	-	(b) Book value 254,702, 452,436,	▶ 90, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" in the image of the image	-	(b) Book value 254,702, 452,436,	▶ 90, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" in the image of the image	-	(b) Book value 254,702, 452,436,	▶ 90, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1 (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) DEFERRED COMPENSATION PAYABLE (4) FAIR VALUE OF INTEREST RATE SWAP (5) (6) (7) (8)	-	(b) Book value 254,702, 452,436,	№ 90, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" in the complete of the compl	-	(b) Book value 254,702, 452,436,	90, Part X, line 25	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" if 1. (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) DEFERRED COMPENSATION PAYABLE (4) FAIR VALUE OF INTEREST RATE SWAP (5) (6) (7) (8)	to Form 990, Part IV, III	(b) Book value 254,702, 452,436, 78,571,		

432053 10-01-14

Schedule [O (Form 990) 2014 CIVIL WAR PRESERVATION TRUST		54-1426643	Page 4
Part XI	Reconciliation of Revenue per Audited Financial State	ments With Reve	enue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a		
1 Total	revenue, gains, and other support per audited financial statements		1	
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Netι	unrealized gains (losses) on investments	2a		
b Dona	ated services and use of facilities	2b		
c Reco	overies of prior year grants	2c	i i	
d Othe	r (Describe in Part XIII)	2d		
e Add	lines 2a through 2d		2e	
3 Subt	ract line 2e from line 1		3	
	unts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a		
b Othe	r (Describe in Part XIII)	4b		
c Add	lines 4a and 4b		4c	
	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII		-	enses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a		
	expenses and losses per audited financial statements		_1	
2 Amo	unts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a Dona	ated services and use of facilities	2a		
b Prior	year adjustments	2b		
c Othe	r losses	2c		
d Othe	r (Describe in Part XIII)	2d		
e Add	lines 2a through 2d		2e	
3 Subt	ract line 2e from line 1		3	
4 Amo	unts included on Form 990, Part IX, line 25, but not on line 1	1 1		
a Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a		
b Othe	er (Describe in Part XIII)	4b		
_	lines 4a and 4b		4c	
	expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
	Supplemental Information.			
Provide the	e descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, F	Part IV, lines 1b and 2b	o, Part V, line 4, Part X, line 2, Part X	(I,
ınes 2d an	d 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information		
PART II	LINE 9:			
CONSERVA	TION EASEMENTS ARE RECORDED AS AN ASSET ON THE BALANCE S	SHEET, THE		
ORGANIZA	TION HAS A WRITTEN DOCUMENT REGARDING THE PERIODIC MONIT	FORING,		
INSPECTI	ON VIOLATIONS AND ENFORCEMENT OF THE CONSERVATION EASE	EMENTS IT		
HOLD,				
PART X,	LINE 2:			
CWT AND	EBDF ARE GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDE	ER THE		
PROVISIO	NS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AF	FBP IS		
GENERALL	Y EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS	OF SECTION		
501(C)(4) OF THE INTERNAL REVENUE CODE, IN ADDITION, CWT AND EBI	DF QUALIFY		
FOR THE 132054	CHARITABLE CONTRIBUTION DEDUCTIONS AND HAVE BEEN CLASSIF	FIED AS		
102034			Schedule D /Form 9	N100 /00

Schedule D (Form 990) 2014 CIVIL WAR PRESERVATION TRUST	54-1426643	Page 5
Part XIII Supplemental Information (continued)		
ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS. CONTRIBUTIONS TO AFBP ARE		
NOT DEDUCTIBLE TO DONORS, INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES,		
LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE CORPORATE		
INCOME TAXES. NEITHER CWT, AFBP NOR EBDF HAD NET UNRELATED BUSINESS INCOME		
FOR THE FIFTEEN-MONTH PERIOD ENDED MARCH 31, 2015,		
THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES		
(FASB ASC TOPIC 740-10) ADDRESSES THE DETERMINATION OF WHETHER TAX		
BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE		
RECORDED IN THE FINANCIAL STATEMENTS, UNDER THIS GUIDANCE, CWT, AFBP AND		
EBDF MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF		
IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON		
EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE		
POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM		
SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A		
GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.		· · ·
THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES		
DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES AND		
ACCOUNTING IN INTERIM PERIODS.		
MANAGEMENT EVALUATED CWT, AFBP AND EBDF'S TAX POSITIONS AND CONCLUDED THAT		
THEY HAVE TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE		
CONSOLIDATED FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS		
GUIDANCE, GENERALLY, CWT, AFBP AND EBDF ARE NO LONGER SUBJECT TO INCOME		
TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES		
BEFORE 2011.		
	· 3/	
PART II LINE 5	_	

Schedule D (Form 990) 2014 CIVIL WAR PRESERVATION TRUST	54-1426643	Page 5
Schedule D (Form 990) 2014 CIVIL WAR PRESERVATION TRUST Part XIII Supplemental Information (continued)		
•		
THE ORGANIZATION HAS A WRITTEN DOCUMENT REGARDING THE PERIODIC MONITORING		
THE ONORMALISM WAS IN WALLER BOOMEN'S REGIMENTED THE LEWIS CONTROL OF		
INSPECTION, VIOLATIONS, AND ENFORCEMENT OF THE CONSERVATION EASEMENTS IT		
HOLDS.		
	•	
		· · · · · · · · · · · · · · · · · · ·
		

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

Open to Public

Information a	about Schedule G (Form 990 or 990-EZ) and its	<u>ınstru</u>	ctions is at www.irs.g	ov/form 990.	napection
Name of the organization					Employer ide	ntification number
	PRESERVATION TRUST				54-1426643	
Part I Fundraising Activities required to complete this part	Complete if the organization answrt	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rai	sed funds through any of the follow	ing acti	vities	Check all that apply		
a Mail solicitations	e 🔲 Solicita	ation of	non-g	overnment grants		
b Internet and email solicitations	s f Solicita	ation of	gover	nment grants		
c x Phone solicitations		l fundra		-		
d In-person solicitations			Ŭ			
2 a Did the organization have a written	or oral agreement with any individua	al (includ	dına o	fficers, directors, true	stees or	
	Part VII) or entity in connection with					No
b If "Yes," list the ten highest paid ind	, ·			•		
compensated at least \$5,000 by the		oud, it it	, ag. c	omone and a mion	and randraider id to	
		(iii)	Dud		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) / Oliving	or con	trol of	from activity	fundraiser listed in col (i)	organization
PUBLIC INTEREST		Yes	No			
COMMUNICATIONS - 7700	TELEPHONE SOLICITATIONS		Х	49,058,	21,835.	27,223.
		1				
	 	-				
						
	· · ·	 				
	1					
· · · · · · · · · · · · · · · · · · ·						
	<u> </u>	Д	_			
Total 3 List all states in which the organization				49,058.	21,835.	27,223.
or licensing	on is registered or licensed to solicit	CONTIND	utions	or has been notified	it is exempt from re	egistration
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, H	I ID IL IN IA KS KY LA ME N	ID,MA,	MI,M	N,MS,MO		
AT NE NV NH NJ NM NY NC ND OH O	K,OR,PA,RI,SC,SD,TN,TX,UT,V	T,VA,	WA,W	V,WI,WY		
oc						-
			_	. <u>.</u> .		
						
					 	 -
						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

432081 08-28-14

Schedule G (Form 990 or 990-EZ) 2014

Sch Pa	edu art l	e G (Form 990 or 990-EZ) 2014 CIVIL WAR I Fundraising Events. Complete if th	PRESERVATION TRUST	1 "Voo" to Form 000. Por	54-1	426643 Page 2
		of fundraising event contributions and great				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
en			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses	-			
	10	Direct expense summary Add lines 4 through			>	
D	11 irt l	Net income summary Subtract line 10 from li		000 P-+N/ I 10	> _	<u> </u>
Pa		II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a	answered "Yes" to Form	1990, Part IV, line 19, or i	reported more than	
		ψ13,000 011 0111 330 CZ, line 0a	_	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve.						
	1	Gross revenue				
ses	2	Cash prizes	- .			
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes% No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)	-		
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming actions." explain	ctivities in each of these	states?		Yes No
		re any of the organization's gaming licenses re Yes," explain	· ·			Yes No
4320	82 08	3-28-14			Schedule G (For	rm 990 or 990-EZ) 2014

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2014 CIVIL WAR PRESERVATION TRUST 54-14	26643	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	102	
	Title the hame and address of the person who prepares the organization's gammy/special events between the records		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	: If "Yes," enter name and address of the third party		
	Name >		
	Address ▶		
	Address P		
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	· · · · · · · · · · · · · · · · · · ·		
	Director/officer Employee Independent contractor		
	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		—
	retain the state gaming license?	L Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable Also provide any additional information (see instructions)		
SCH	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
<u>(I)</u>	NAME OF FUNDRAISER: PUBLIC INTEREST COMMUNICATIONS		
<u>(I)</u>	ADDRESS OF FUNDRAISER:		
<u>770</u>	O LEESBURG PIKE, SUITE 301, FALLS CHURCH, VA 22043		
			
		<u>-</u>	

Schedule (G (Form 990 or 990-EZ) CIVIL WAR PRESERVATION TRUST	54-1426643	Page 4
Part IV	G (Form 990 or 990-EZ) CIVIL WAR PRESERVATION TRUST Supplemental Information (continued)		
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

DMB No 1545-0047

Open to Public

Inspection

Employer identification number

▶ Attach to Form 990.

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

Schedule I (Form 990) (2014) TO AID ACQUISITION OF 4.5 APPRAISAL, EASEMENT & AID å KIRK TRACT, DAVIS BRIDGE, TRACT, APPRAISAL OF 12,056 ACRE AID IN ACQUIRING 68+/- ACRE RACT SOUTH MOUNTAIN. APPRAISAL OF 3,21 ACRE TO AID IN ACQUIRING OF 198 ACFE BAPTIST CONV. ACQUIRING OF 1.8 ACRE SPONSORSHIP TO ANNUAL ဥ (h) Purpose of grant APPAHANNOCK STATION 54-1426643 EDAR CREEK FOUND. APPRAISAL & AID IN or assistance SHEPHERIDSTOWN WV EDAR CREEK, VA, CORNFIELD TRACT, X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any EARSON TRACT GALA 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o Ö Ö Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 950 15,000, (d) Amount of 10,000 195,742 202,170 17,041 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 18 (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) GOVERN GOVERN GOVERN GOVERN GOVERN Enter total number of other organizations listed in the line 1 table CIVIL WAR PRESERVATION TRUST 13-3795391 52-6000900 62-6001445 54-0805908 05-0197094 45-4323370 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? AMERICAN HISTORY ~ 49 W. 45TH ST., COMMISSION - P.O. BOX 23 - CHARLES 1 (a) Name and address of organization ENVIRON, & CONS. - 401 CHURCH ST. STATE OF MARYLAND, DEPARTMENT OF JEFFERSON CO. HISTORIC LANDMARKS 6TH FLOOR - NEW YORK, NY 10036 NATURAL RESOURCES - 580 TAYLOR VA DEPT. OF HISTORIC RESOURCES STATE OF TENNESSEE DEPT, OF THE GILDER LEHRMAN INST. OF AVE, - ANNAPOLIS, MD 21401 US DEPT. OF THE INTERIOR or government - NASHVILLE, TN 37243 WASHINGTON DC 20240 2801 KENSINGTON AVE. Name of the organization RICHMOND, VA 23221 1849 C STREET NW TOWN, WV 25414 Part I Part II N

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

54-1426643 Page 1	it)	
le (Form 990) CIVIL WAR PRESERVATION TRUST	Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Page 1990), Page 1990	
Schedu	Part II	

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OZARK REGIONAL LAND TRUST P.O. BOX 440007 ST, LOUIS, MO 63144	43-1304715	501(C)(3)	5,300,	0			TO AID IN ACQURING OF 184.5 ACRE MENEFEE TRACT, CARTHAGE MO
MANASSAS BATTLEFIELD TRUST 15950 LEE HIGHWAY CENTREVILLE, VA 20120	46-2501374	501(C)(3)	10,000.	0			TO AID IN EDUCATION
SHENANDOAH VALLEY BATTLEFIELDS FOUNDATION - P.O. BOX 897 - NEW MARKET, VA 22844	54-2007460	501(C)(3)	370,000,	0			TO AID IN ACQUIRING EASEMENT FOR 429.34 ACRE LYNNWOOD, PORT REPUBLIC
AMERICANS FOR BATTLEFIELD PRESERVATION - 1156 15TH ST. NW, SUITE 900 - WASHINGTON, DC 20005	04-3843239	501(C)(4)	20.000.	0			GRANT FOR ONGOING OPERATIONS
US DEPT. OF THE INTERIOR, NPS 1849 C STREET NW WASHINGTON, DC 20240	53-0197094	GOVERN	0	3,025,671,	APPRAISAL	LAND	BATTLEFIELD PRESERVATION
STATE OF NORTH CAROLINA, DCR 1321 MAIL SERVICE CENTER RALEIGH, NC 27699	56-6062189	GOVERN	0	455,204,	APPRAISAL	LAND	BATTLEFIELD PRESERVATION
Por E	54-0715585	GOVERN	0	511,705,	APPRAISAL	LAND	BATTLEF!ELD PRESERVATION
STATE OF TENNESSEE 312 ROSA L. PARKS AVE. NASHVILLE, TN 37243	62-6001445	GOVERN	0	82,695,	APPRAISAL	LAND	BATTLEFIELD PRESERVATION
COMMONWEALTH OF VIRGINIA, DCR 203 GOVERNOR ST., STE 302 RICHMOND, VA 23219	54-6004497	GOVERN	0	173,653,	APPRAISAL	LAND	BATTLEFIELD PRESERVATION Schedule (Form 990)

54-1426643 Page 1	of (h) Purpose of grant or assistance	BATTLEFIELD PRESERVATION	BATTLEFIELD PRESERVATION	BATTLEFIELD PRESERVATION	BATTLEFIELD PRESERVATION			Schedule I (Form 990)
1	(g) Description of non-cash assistance	LAND	LAND	LAND	LAND	 		
20 (000 mag) I oli bo	(f) Method of valuation (book, FMV, appraisal, other)	APPRAISAL	APPRAISAL	APPRAISAL	APPRAISAL			
Charles (Cob)	(e) Amount of non-cash assistance	808 06	60,574,	838,651,	204,578.			
1	(d) Amount of cash grant	0	0.	0	0			
E.	(c) IRC section if applicable	GOVERN	GOVERN	SOVERN	GOVERN			
ERVATION TRUS	(b) EIN	54-6001208	61-6000943	61-1222472	56-1901705			
Schedule I (Form 990) CIVIL WAR PRESERVATION TRUST	(a) Name and address of (b) EIN (c) IRC section organization or government (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) assistance (book, FMV, assistance (book, FMV, assistance (book, FMV, appraisal, other)	CHESTERFIELD CO., VA 9901 LORI RD. CHESTERFIELD, VA 23832	MADISON CO., KY 101 W. MAIN ST. RICHMOND, KY 40475	MILL SPRINGS BATTLEFIELD ASSN. P.O. BOX 282	AVERASBORO BATTLEFIELD COMMISSION, INC P.O. BOX 1811 - DUNN, NC 28335			

Page 2 Schedule I (Form 990) (2014) (f) Description of non-cash assistance 54-1426643 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance 43 (c) Amount of cash grant LAND OR CONSERVATION EASEMENTS, THE GRANT IS NOT ISSUED UNTIL THE LAND OR MOST OF CWPT'S GRANTS ISSUED ARE REIMBURSEMENT GRANTS TO AID IN ACQUIRING THESE TYPES OF OF HISTORIC RESOURCES (H) PURPOSE OF GRANT OR ASSISTANCE: APPRAISAL EASEMENT & AID IN (b) Number of recipients CIVIL WAR PRESERVATION TRUST EASEMENT HAS BEEN ACQUIRED OR AT THE TIME OF SETTLEMENT. NAME OF ORGANIZATION OR GOVERNMENT: VA DEPT. (a) Type of grant or assistance GRANTS DO NOT NEED MONITORING. COLUMN (H): Schedule I (Form 990) (2014) PART II LINE 1 PART I, LINE 2: 432102 10-15-14 Part III

CIVIL WAR PRESERVATION TRUST	54-1426643	Page 2
Part IV Supplemental Information	-	
ACQUIRING 68+/- ACRE PEARSON TRACT, RAPPAHANNOCK STATION, VA, APPRAISAL,	_	
EASEMENT & AID IN ACQUIRING 43+/- ACRE NESTOR TRACT, KELLY'S FORD, VA		
APPRAISAL ON 113.1 GARNETT TRACT, SAILOR'S CREEK, APPRAISAL ON 236.9		
GREEN SPRINGS TIMBER TRACT, TREVILIAN STATION, VA, APPRAISAL ON 59.7		
ROBBINS TRACT, DINWIDDIE, VA		
NAME OF ORGANIZATION OR GOVERNMENT: US DEPT. OF THE INTERIOR		
(H) PURPOSE OF GRANT OR ASSISTANCE: APPRAISAL OF 12,056 ACRE CEDAR CREEK		
FOUND, TRACT, CEDAR CREEK, VA. APPRAISAL OF 3.21 ACRE CEDAR CREEK FOUND,		
TRACT, CEDAR CREEK, VA, TO AID IN ACQUISITION OF THE 1 ACRE FRALIX TRACT,		
SHILOH, TN, ENVIRONMENTAL ON 1 ACRE LUCINDA DOGAN TRACT, MANASSAS, VA		
NAME OF ORGANIZATION OR GOVERNMENT:		
JEFFERSON CO, HISTORIC LANDMARKS COMMISSION		
(H) PURPOSE OF GRANT OR ASSISTANCE: APPRAISAL & AID IN ACQUIRING OF 1.8		
ACRE CORNFIELD TRACT, SHEPHERDSTOWN WV, TO AID IN DEMOLITION OF SPEG/LOWE		
HOUSE, SHEPHERDSTOWN, TO AID IN AQUIRING CEMENT MILL EASEMENT,		
SHEPHERDSTOWN		
		
		
		<u> </u>

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

CIVIL WAR PRESERVATION TRUST

Employer identification number

Schedule J (Form 990) 2014

54-1426643

1 4	It I Questions Regarding Compensation			
	_		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	1		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		ĺ
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	ļ		
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	x Independent compensation consultant x Compensation survey or study			
	Form 990 of other organizations			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	х	
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III			
		i		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		х
b	Any related organization?	5b		х
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		х
b	Any related organization?	6b		. х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

432111 10-13-14

12451111 703287 7669143

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2014 CIVIL WAR PRESERVATION TRUST

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

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

54-1426643

Page 2

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W·2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	Denemis		in column (b) reported as deferred in prior Form 990
(1) O. JAMES LIGHTHIZER	Ξ	202,873,	0	0	72,172,	2,005,	277,050.	0.
SIDENT	(11)		0	•0	0	0.	0	0
D N. DUNCAN	Ξ	208,99	0	0	12,540,	2,145.	223,678,	0
FICER	(11)	0.	0	0	0	0	0	0
	Ξ	172,693,	0	• 0	10,362,	20,627.	203,682.	0
REAL ESTATE	(ii)	0	[*0	• 0	0	0	0	0
	(ı)	142,822,	0	0	8,569,	7,555,	158,946,	0
COMMUNICATIO	(ii)		0	0	0.	0.	0	0
GARRY E. ADELMAN	(ı)	124,50	0	0	6,225,	21,658.	152,383.	0
HISTORY & EDUCATION	(E)	0	0	•0	0	0	0	0
	Ξ							
	: €							
	Ξ							
	(11)							
	Θ							
	(ii)							
	Ξ							
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	Ξ							
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Schedule J (Form 990) 2014

432112 10-13-14

Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990)

Name of the organization

Supplemental Information on Tax-Exempt Bonds

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

OMB No 1545-0047

explanations, and any additional information in Part VI.

| Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Attach to Form 990.

2014 Open to Public

Employer identification number

Schedule K (Form 990) 2014 ž (ı) Pooled financing × Yes ŝ (g) Defeased (h) On behalf ž Ω ۵ of issuer Yes 54-1426643 Yes Yes ž Yes ŝ ŝ TO REFUND A PRIOR ISSUE (f) Description of purpose ပ Yes DATED 05/22/07 ŝ ŝ 8 400,000, Yes Yes (e) Issne brice 2 400 000 900,000 400 000 ŝ ŝ 2010 'n, 'n ⋖ (d) Date issued Yes 04/07/10 Yes 48 × 432121 10-15-14 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of NONE Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN 15 Were the bonds issued as part of an advance refunding issue? CIVIL WAR PRESERVATION TRUST Were the bonds issued as part of a current refunding issue? 54-1237426 which owned property financed by tax-exempt bonds? Has the final allocation of proceeds been made? Working capital expenditures from proceeds ECONOMIC DEVELOPMENT AUTHORITY SPOTSYLVANIA COUNTY, VIRGINIA Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Part III Private Business Use bond-financed property? Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds **Bond Issues** Proceeds Part II Part I 6 유 12 4 a ۷ 3 S 9 ω 9 ೮ В ပ Ω

Schedule K (Form 990) 2014 CIVIL WAR PRESERVATION TRUST			54-1426643	26643				Page 2
Fartill Frivate Business Ose (Continued)				٥			-	
3a Are there any management or service contracts that may result in private	Yes	No	Yes	N _o	Yes	No	Yes	No
business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
c. Are there any research agreements that may result in private business use of bond-financed property?		×						
		•						
4 Enter the percentage of financed property used in a private business use by								
entities other than a section 501(c)(3) organization or a state or local government	•	.00 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government	_	.00 %		%		%		%
6 Total of lines 4 and 5		% 00°		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		•						
of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1141:12 and 1145:2?								
9 Has the organization established written procedures to ensure that all nonqualified								
Requiations sections 1 141-12 and 1 145-2?	×							
Part IV Arbitrage								
		A		8		O	Δ	
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No No
Penalty in Lieu of Arbitrage Rebate?		X						Ī
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		Х						
b Exception to rebate?	×							
c. No rebate due?		×						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	×							
4a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?	×							
b Name of provider	SUNTRUST BANKS	SANKS, INC						
c Term of hedge		10,000000						
d Was the hedge superintegrated?		×						
e Was the hedge terminated?		X						,
433122 10-15-14						Sch	Schedule K (Form 990) 2014	n 990) 2014

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

Employer identification number

	CIVIL_WAR_PRESERVA	TION TRUS	ST .		54-142	<u>6643</u>		
Pa	rt ! Types of Property						•	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu			:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	х		500.	COST			
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities · Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -			,	7			
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other	х	4	312 500.	APPRAISALS			
18	Collectibles			,,-				
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other (,			_	
28	Other ()				, , , , ,			
29	Number of Forms 8283 received by the organic	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82			1				
			•				Yes	No
30a	During the year, did the organization receive b	v contributio	on any property reg	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date				-			i
	exempt purposes for the entire holding period					30a		х
b	If "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance i	oolicy that re	equires the review	of any non-standard contrib	utions?	31	x	ı
	Does the organization hire or use third parties						^	
	contributions?		. 3	5, process, or son noncasir		32a	ļ	v
h	If "Yes," describe in Part II				ŀ	oza		Х
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which column (a) is ch	necked	}		
	describe in Part II	- 51011111 (O) 1	o. a type of proper	, .or willow column (a) is cr	iconeu,			
LHA		the Instruc	tions for Form 99	0	Schedule M (Eorm	990) /	2014
	. J upo: 110:11 110:400:10:11 AUL 110:10:0, 300			··	Julieuuie IVI (a ULIII	JOULL	4V 14

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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

CIVIL WAR PRESERVATION TRUST	54-1426643
FORM 990, PART I LINE 1, DESCRIPTION OF ORGANIZATION MISSION.	
EDUCATING THE PUBLIC ABOUT THE VITAL ROLES THOSE BATTLEFIELDS PLAYED IN	-
DIRECTING THE COURSE OF OUR NATION'S HISTORY.	10-1-1-1
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
SHEPHERDSTOWN, WV.	
IN 2014 AND PARTICULARLY DURING THE FINAL YEAR OF THE SESQUICENTENNIAL	
ANNIVERSARY OF THE AMERICAN CIVIL WAR, THE TRUST EXPECTS TO CONTINUE	
ITS CONSISTENT RECORD OF SUCCESS IN PRESERVING ENDANGERED CIVIL WAR	
BATTLEFIELDS, AND EDUCATING THE PUBLIC REGARDING THE VITAL ROLE.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
AS A SUBSET OF ITS OVERALL MEMBERSHIP, CALLED "THE COLOR BEARERS,"	
COMPRISED OF THOSE MEMBERS WHO MAKE DUES PAYMENTS OF \$1,000 OR MORE	
ANNUALLY. TOTAL MEMBERSHIP IN THIS GROUP WAS APPROXIMATELY 1,120	
INDIVIDUALS AT THE END OF 2014. AT THE END OF 2014, THE TRUST ALSO	
ENJOYED THE SUPPORT OF 200,000 FACEBOOK "FANS," OPENING UP A NEW POOL	····
OF POTENTIAL FUTURE DONORS AND SUPPORTERS.	
THE TRUST HAS - AT THE REQUEST OF THE NATIONAL PARK SERVICE / AMERICAN	
BATTLEFIELD PROTECTION PROGRAM - BEGUN A LIMITED AND CONTROLLED EFFORT	
TO ATTRACT MEMBERS AND SUPPORTERS TO HELP SAVE BATTLEFIELD LAND	······································
ASSOCIATED WITH THE REVOLUTIONARY WAR AND THE WAR OF 1812. THIS	
SPECIAL PROJECT IS CALLED CAMPAIGN 1776, AND WAS LAUNCHED IN NOVEMBER	
2014,	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
CIVIL WAR PRESERVATION TRUST	54-1426643
FORM 990 PART VI SECTION A LINE 4:	
TOWN 999, TAKE VI, BECTON A, BIND 4.	
CWPT CHANGED THE YEAR-END DATE FROM DECEMBER 31ST TO MARCH 31ST.	
	··
FORM 990 PART VI SECTION B. LINE 11:	
Total 990, Takii VI, Baciion B, Bind II.	
AUDIT COMMITTEE MEMBERS, CHAIRMAN OF THE CWPT BOARD, PRESIDENT, COO, CFO	
AND KEY EMPLOYEES REVIEW THE 990 INITIALLY. IF ANY CORRECTIONS NEED TO BE	
MADE, THE AUDITING FIRM IS NOTIFIED. AFTER THE CORRECTIONS, THE 990 IS	
THEN DISTRIBUTED TO THE WHOLE BOARD OF TRUSTEES BEFORE THE 990 IS FILED	
EITHER IN PAPER OR ELECTRONIC FORM,	
FORM 990, PART VI, SECTION B, LINE 12C:	
WHENEVER A TRUSTEE HAS A POTENTIAL DIRECT OR INDIRECT PERSONAL INTEREST IN	
A PROPOSED TRANSACTION OF THE CORPORATION, HE SHALL DISCLOSE THE MATERIAL	
FACTS OF THE TRANSACTION, THE NATURE OF HIS POTENTIAL INTEREST IN THE	
TRANSACTION, AND ANY OTHER RELEVANT INFORMATION REGARDING THE TRANSACTION	
TO THE BOARD OF TRUSTEES.	
THEREAFTER, THE TRUSTEE SHALL NOT BE PERMITTED TO PARTICIPATE IN THE FINAL	
BOARD DELIBERATION REGARDING SUCH TRANSACTION, AND SHALL NOT BE PERMITTED	
TO VOTE ON SUCH TRANSACTION. THE BOARD OF TRUSTEES REVIEW THE CONFLICT OF	
TO TOTAL GIT COOK TIME STATE TO THE STATE OF	
INTEREST POLICY ON A YEARLY BASIS.	
FORM 990, PART VI, SECTION B. LINE 15:	
CIVIL WAR PRESERVATION TRUST WILL PAY SALARIES THAT ARE COMPETITIVE WITH	
THOSE PAID FOR COMPARABLE POSITIONS IN OTHER NON-PROFIT ORGANIZATIONS.	
EACH EMPLOYEE'S SALARY IS REVIEWED ANNUALLY. SALARY ADJUSTMENTS, IF ANY	
WILL BE DISCUSSED AT THIS TIME AS WELL, SALARY ADJUSTMENTS WILL BE	nedule 0 (Form 990 or 990-FZ) (2014)

-1 1 1 3 4

Schedule O (Form 990 or 990·EZ) (2014)	Page 2
Name of the organization	Employer identification number 54-1426643
CIVIL WAR PRESERVATION TRUST	34-1420043
PREPARED AND RECOMMENDATIONS WILL BE MADE AT THE TIME THE BUDGET IS	
PRESENTED TO THE BOARD. IF APPROVED, THEY WILL BECOME EFFECTIVE AT THE	
PRESIDENT'S DISCRETION THE PRESIDENT'S SALARY AND BENEFIT PACKAGE IS	
DEVITEMED BY AN OUTSIDE CONSULTING FIRM AND SHEW ADDROVED BY MUR DOADD	
REVIEWED BY AN OUTSIDE CONSULTING FIRM AND THEN APPROVED BY THE BOARD,	
FORM 990 PART VI, LINE 17 LIST OF STATES RECEIVING COPY OF FORM 990:	
AK AL AR AZ CA CO CT DC DE FL GA HI IA ID IL IN KS KY LA MA MD ME MI MS MN	
MO_MT_NC_ND_NE_NJ_NH_NM_NV_NY_OH_OK_OR_PA_RI_SC_SD_TN_TX_UT_VA_VT_WA_WI_WV_	
WY	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS WILL BE PROVIDED UPON REQUEST TO THE PUBLIC. OUR	
AUDITED FINANCIALS AND FORM 990 ARE ON THE CIVIL WAR TRUST WEBSITE.	
AUDITED FINANCIALS AND FORM 550 ARE ON THE CIVIL WAR TRUST WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PRIOR YEAR GRANT REFUND 82.500.	
	

SCHEDULE R (Form 990)

|

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection 2014

OMB No 1545-0047

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

Employer identification number

Direct controlling entity 54-1426643 End-of-year assets Total income ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity <u>a</u> CIVIL WAR PRESERVATION TRUST Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Part II

	11.0		5	17)	9	(2)
(a)	(a)	(2)	<u>e</u>	(e	Ξ	Coction 512/hV13
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled
of related organization		foreign country)	section	status (if section	entity	entity?
				501(c)(3))		Yes No
AMERICANS FOR BATTLEFIELD PRESERVATION -					CIVIL WAR	
40-3843239, 1156 15TH ST, NW, SUITE 900,					PRESERVATION	
WASHINGTON, DC 20005	SEE PART VII OF SCHEDULE R	SCHEDULE R DISTRICT OF COLUMBIA 501(C)(4)	501(C)(4)		TRUST	×
ENDANGERED BATTLEFIELD DEFENSE FUND -	TO CARRY OUT THE PURPOSES				CIVIL WAR	
27-1035136, 7777 WASHINGTON AVENUE, HOUSTON, OF THE CIVIL WA	OF THE CIVIL WAR				PRESERVATION	
TX 77007	PRESERVATION TRUST	VIRGINIA	501(C)(3)	LINE 11A I	TRUST	×
	1					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2014

26

Page 2

54-1426643

Schedule R (Form 990) 2014 CIVIL WAR PRESERVATION TRUST

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

organizations treated as a partifership during the tak year	irriersinp duing the ta	A year			-					-	-	
(a)	(q)	<u>(</u>)		<u>.</u>	(e)	£	(6)				<u>.</u>	≅
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, cexcluded fro	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end of year assets	Disproportionate allocations?	nate Code V-UBI amount in box 20 of Schedule Io K-1 (Form 1065)	-UBI Gene n box mani nedule <u>part</u> 1065) Yes	General or Per managing ow partner?	General or Percentage managing ownership partner?
		ŀ										
					_							
								-			-	
					_					· <u></u> .		
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ganizations Taxable a	as a Corports the tax	oration or Trust Co year	mplete if the	e organizatior	answered "Yes	" on Form 990	Part IV, line	34 because it	t had one or	r more re	elated
(a)			(p)	9	(G)	(e)		£	(6)	E		Ξ
Name address and E		Prin	ctivity	edal domicile	Direct controlling			Share of total	Share of	Percentage		section 12(b)(13)
of related organization	· ·			(state or foreign country)		(C'corp, S corp, or trust)		псоте	end-of-year assets			controlled entity?
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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	S No
1 During the tax year, did the organization engage in any of the following transaction:	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	n Parts II·IV?		_
				+	×
				× Ω,	1
				ပ	×
d Loans or loan guarantees to or for related organization(s)				무	×
e Loans or loan guarantees by related organization(s)				1e	×
f Dividends from related organization(s)				1 ŧ	×
g Sale of assets to related organization(s)				1a	×
				두	×
i Exchange of assets with related organization(s)				;=	×
j Lease of facilities, equipment, or other assets to related organization(s)				=	×
k Lease of facilities, equipment, or other assets from related organization(s)				4	×
l Performance of services or membership or fundraising solicitations for related organization(s)	ınızation(s)			+ ×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			무	×
 Sharing of paid employees with related organization(s) 				9	×
p Reimbursement paid to related organization(s) for expenses				1p	×
q Reimbursement paid by related organization(s) for expenses				10	×
 Other transfer of cash or property to related organization(s) 				-	×
s Other transfer of cash or property from related organization(s)				18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	s line, including covered r	elationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1)					
(2)					
(3)					
(4)					
(9)					
(9)					
432163 08-14-14	58		Schedule F	Schedule R (Form 990) 2014	0) 2014

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income particulated, excluded from tax undersections 512-514)	(e) Are all partners sec 501(c)(3) der Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(h) (i) (j) (k) Dispropor- Under June (code V-UJ3) Ceneral or Percentage Unit in box 20 managing ownership allocations? of Schedule K-1 partner? Yes No (Form 1065) Yes No	(j) General or managing partner? Yes No	(k) Percentage ownership
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Schedule R (Form 990) 2014 CIVIL WAR PRESERVATION TRUST	54-1426643	Page 5
Part VII Supplemental Information		
· Provide additional information for responses to questions on Schedule R (see instructions)		
FORM 990 SCHEDULE R PART II, LINE B		
THE MISSION OF AMERICANS FOR BATTLEFIELD PRESERVATION (AFBP) IS TO		
DRONOME ANADENEGO OF MUE DIVIOUS OF OUR WANTON'S DEPARTMENT WALLOWED		
PROMOTE AWARENESS OF THE PLIGHT OF OUR NATION'S REMAINING HALLOWED		
BATTLEGROUNDS. IT IS A STRICTLY NON-PARTISAN ORGANIZATION THAT SEEKS		
ENTERDOROGINO, IT ID IT DIRECTOR FROM THE TOTAL CONTROL THE CONTROL CO		
TO BUILD SUPPORT FOR BATTLEFIELD PRESERVATION AMONG ALL LAWMAKERS ON		
ALL LEVELS OF GOVERNMENT. THE ORGANIZATION'S PRIMARY FOCUS IS TO		
ENCOURAGE LAWMAKERS ON THE FEDERAL, STATE AND LOCAL LEVELS TO ALLOCATE		
PUBLIC FUNDS FOR BATTLEFIELD PRESERVATION. IN ADDITION, AFBP SUPPORTS	 -	
LOCAL OFFICIALS FOR PUBLIC OFFICE IN A VERY LIMITED NUMBER OF TARGETED		
DOCAD OFFICIALS FOR FUBLIC OFFICE IN A VERT DIMITED NUMBER OF TARGETED		
COMMUNITIES. PLUS TRAINS LOCAL PEOPLE ABOUT HOW TO SUCCESSFULLY CONDUCT		
COMMUNITY GRASSROOTS ORGANIZING, FUNDRAISING, AND EFFECTIVE USE OF	 	
MEDIA,		
	 	
		
		
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