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CLIENT'S COPY



THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425

DEAR CLIENT:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2019 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2019 FORM 990

2019 PENNSYLVANIA FORM BCO-10

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

YOUR RETURN(S) HAVE BEEN DESIGNATED FOR ELECTRONIC FILING. WE CANNOT TRANSMIT YOUR RETURN(S) UNTIL WE RECEIVE YOUR SIGNED E-FILE AUTHORIZATION FORM(S). FOR YOUR CONVENIENCE, YOU MAY RETURN THE SIGNED FORM(S) VIA ONE OF THE FOLLOWING METHODS:

- E-MAIL AS A PDF ATTACHMENT TO EFILEREADING@RKLCPA.COM
- MAIL THE FORM(S) IN THE ENCLOSED ENVELOPE
- FAX THE SIGNED FORM(S) TO OUR OFFICE 610-376-7340, ATTN: EFILEREADING

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

SINCERELY,

**RKL LLP** 

## TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

JUNE 30, 2020

#### PREPARED FOR:

THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425

#### PREPARED BY:

RKL LLP 1330 BROADCASTING ROAD, PO BOX 7008 WYOMISSING, PA 19610-6008

#### AMOUNT DUE OR REFUND:

NOT APPLICABLE

#### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

#### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR RETURN ELECTRONICALLY TO THE IRS.

#### **RETURN MUST BE MAILED ON OR BEFORE:**

RETURN FEDERAL FORM 8879-EO TO US BY BY MAY 17, 2021. NOT APPLICABLE

#### **SPECIAL INSTRUCTIONS:**

Form	887	79-	EC	)

#### \*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\* IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning  $\underline{JUL 1}$  , 2019, and ending  $\underline{JUN 30}$  , 20 $\underline{20}$ 

► Do not send to the IRS. Keep for your records.

Employer identification number

23-2971911

Department of the Treasury Internal Revenue Service Name of exempt organization

Go to www.irs.gov/Form8879EO for the latest information.

#### THE MILL AT ANSELMA PRESERVATION

AND EDUCATIONAL TRUST Name and title of officer

#### FRANK MERCURIO TREASURER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here <b>X b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	118,543.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X Lauthorize RKL LLP	to enter my PIN	19610
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within th is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 of indicated within this return that a copy of the return is being filed with a state agency(ies) regulating char program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature ► **** THIS IS NOT A FILEABLE COPY *** Date ►		
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification         number (EFIN) followed by your five-digit self-selected PIN.         Do not enter all zeros		
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF <i>e-file</i> Providers for Business Returns.	•	
ERO's signature ► RUTHANN J. WOLL, CPA Date ► 05/	/05/21	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do	So	

			Dotur			MAY 17, 2		noomo 7	Γογ	OMB No. 1545-0047
For	_ <b>Q</b> (	QN		n of Orgar						2010
		uary 2020)					-		-	2013
	(Rev. January 2020)       Do not enter social security numbers on this form as it may be made public.         Department of the Treasury Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.									Open to Public Inspection
				ar beginning J				JUN 30,	2020	
	Check if		f organization					D Employer		on number
á	pplicable			NSELMA PR	ESERVAT	ION				
	Addres	ess AND	EDUCATION	AL TRUST						
	Name Chang	e Doing b	usiness as					23-2	971911	
	Initial	Number	and street (or P.C	). box if mail is not de	elivered to street	address)	Room/suite			
	Final		CONESTOC	A ROAD, P	O BOX 4	2		610-	827-19	
	termin ated	City or t		vince, country, and		postal code		G Gross receipt	ts \$	147,065.
	Ameno	Сцер	TER SPRIN		9425			H(a) Is this a	group retur	
	Applic tion pendir			ncipal officer: <b>FRA</b>	NK MERC	URIO		for subo	ordinates?	Yes X No
		SAME	AS C ABOV					H(b) Are all sub		
_		empt status:			) 🗲 (insert no.	) 4947(a)(1)	or 527			(see instructions)
			ANSELMAMI					H(c) Group e		
	orm of art I	f organization: [ Summary	X Corporation	Trust A	ssociation	Other 🕨	<b>L</b> Year	of formation: L	998  M St	ate of legal domicile: <b>PA</b>
Г		-		n's mission or most	·····		רחגזסיי			<u>о мтіт</u>
e	1	Briefly describ	be the organization	r's mission or most	significant ac	Tivities: FRED	CLAN 13	LON OF H	TRIOKT	
Governance		Chaoly this ha	y 🕨 🗌 if the	organization disco	ntinued ite en	arationa ar diana	and of more	than 050/ of it	a nat agasta	
/err	2		-	he governing body	•					. 11
ĝ	4		•	members of the go		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				11
<u>م</u>				ployed in calendar						4
ities										20
Activities &		Total number of volunteers (estimate if necessary) a Total unrelated business revenue from Part VIII, column (C), line 12								0.
Ă				income from Form						0.
					,			Prior Yea		Current Year
•	8	Contributions	and grants (Part )	/III, line 1h)				112,	142.	115,084.
nue	9		ce revenue (Part V	<b>(</b> ), (), (), (), (), (), (), (), (), (), (				4,	877.	2,173.
Revenue	10	Investment ind	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)						54.	316.
Ξ	11	Other revenue	e (Part VIII, columr	n (A), lines 5, 6d, 8d	, 9c, 10c, and	11e)			820.	970.
	12	Total revenue	- add lines 8 throu	ugh 11 (must equal	Part VIII, colu	mn (A), line 12)		121,		118,543.
	13	Grants and sir	milar amounts pai	d (Part IX, column (	(A), lines 1-3)				0.	0.
	14	Benefits paid	to or for members	(Part IX, column (A	A), line 4)				0.	0.
es	15			mployee benefits (				64,	375.	2,820.
Expenses	16a			art IX, column (A),					0.	0.
ă X	b			t IX, column (D), lin			69.	107	044	100 241
	1 "			n (A), lines 11a-11d				<u>    107,</u> 171,		<u>109,241.</u> 112,061.
				' (must equal Part I						6,482.
- 9		Revenue less	expenses. Subtra	ct line 18 from line	12			eginning of Curre		End of Year
Net Assets or	20	Total assets (F	Part V lina 16)					1,003,		1,009,635.
Asse	20		(Part X, line 10)						398.	4,730.
Net ,	22		,	Ibtract line 21 from	line 20			1,001,		1,004,905.
Pa	art II	Signature						=,••=,		,,
Und	er pena	-		examined this return	, including acco	mpanying schedule	es and statem	ents, and to the l	pest of my kno	wledge and belief, it is
				arer (other than offic	-				-	- , ,
				· · ·						
Sig	n	Signatur	e of officer					Date		
Her			K MERCURI	O, TREASU	RER					
		Type or p	print name and title							
		Print/Type pre	parer's name		Preparer's sig	nature		Date	Check	PTIN

	Print/Type preparer's name	Preparer's signature							
Paid	RUTHANN J. WOLL, CPA	RUTHANN J. WOLL, CPA	05/05/21 self-employed P00647342						
Preparer	Firm's name 🕒 RKL LLP		Firm's EIN 🕨 23-2108173						
Use Only	Firm's address 🖌 1330 BROADCASTIN	G ROAD, PO BOX 7008							
	WYOMISSING, PA 1	9610-6008	Phone no. 610 – 376 – 1595						
May the IRS discuss this return with the preparer shown above? (see instructions)									

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	THE MILL AT ANSELMA PRESERVATION		
		971911	Page <b>2</b>
Par	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🔲
1	Briefly describe the organization's mission:		
	THE MILL AT ANSELMA, A NATIONAL HISTORIC LANDMARK, INSPIRES P		N
	CREATIVE WAYS TO DISCOVER THE MILL'S AUTHENTIC TECHNOLOGY AND		
	IMPORTANCE TO ITS COMMUNITY OVER THREE CENTURIES OF OPERATION	•	
2	Did the organization undertake any significant program services during the year which were not listed on the	<b>—</b>	<b>T</b>
	prior Form 990 or 990-EZ?	Ves	XNo
	If "Yes," describe these new services on Schedule O.		<b>V</b> .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	XNo
	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota	al expenses, a	nd
4-	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 660 • including grants of \$ ) (Revenue \$		
4a	(Code:) (Expenses \$660. including grants of \$) (Revenue \$) EDUCATION LAB - THE MILL TRUST CREATED A HANDS-ON EDUCATIONAL	CDACE	)
	ITS CHICKEN COOP STRUCTURE TO SUPPORT SCHOOL TOURS AND MILLIN		<u> 111</u>
	DEMONSTRATIONS. THE SPACE IS DESIGNED TO TEACH STUDENTS ABOU		
	HISTORY OF AGRICULTURE IN CHESTER COUNTY AND THE USE OF SIMPL		NFC
	IN THE MILLING INDUSTRY, SUPPORTING PENNSYLVANIA CURRICULUM S		
		1111011110	
4b	(Code:) (Expenses \$15,626. including grants of \$) (Revenue \$)		)
	MEADOW/REFORESTATION PROJECT - THE MILL TRUST ESTABLISHED WIL	DFLOWER	
	MEADOWS AND PLANTED OVER 100 TREES ALONG THE MILL'S TAILRACE	TO ALLO	W
	FOR STORM WATER MANAGEMENT AND TO MITIGATE STREAM BANK EROSIO	N.	
			0.0.0
4c			<b>838.</b> )
	MILLING DEMONSTRATIONS AND PROGRAMS - THE MILL TRUST OFFERS M		<b></b>
	FLOUR MILLING DEMONSTRATIONS, SCHOOL AND GROUP TOURS, AS WELL	AS HOS	TS
	AN ANNUAL MILLERS' FORUM TO INTERPRET CHESTER COUNTY'S RICH	3.D.C	
	AGRICULTURAL AND INDUSTRIAL HERITAGE FOR THE COMMUNITY, SCHOL	ARS,	
	TOURISTS AND SCHOOL CHILDREN.		
	Other program services (Describe on Schedule O)		
40	Other program services (Describe on Schedule O.)	)	
40	(Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses ►       81,935.	)	
-10			<b>990</b> (2019)

# THE MILL AT ANSELMA PRESERVATION Form 990 (2019) AND EDUCATIONAL TRUST Part IV Checklist of Required Schedules

			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	X	
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		X
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		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	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	44-		x
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		
d		11d		x
е	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			- -
00	complete Schedule G, Part III	19		X X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>^</b>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12, if "Vea" approaches Schedule L. Darte Land II.	04		x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		1 27

#### THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST

23-2971911 Page 4
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Form	AND EDUCATIONAL TRUST 23-297	1911	Р	age <b>4</b>
Par	T IV Checklist of Required Schedules (continued)			
			Yes	No
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		X
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		X
			Yes	No
1a		8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

THE	$\mathtt{MILL}$	$\mathbf{AT}$	ANSELMA	PRESERVATION
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Form	990 (2019) AND EDUCATIONAL TRUST 23-2971	911	Р	age <b>5</b>		
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 4					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X		
b	If "Yes," enter the name of the foreign country					
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>F</b> -		v		
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		<u> </u>		
0a		6a		x		
h	any contributions that were not tax deductible as charitable contributions?	Ua				
5		6b				
7	Organizations that may receive deductible contributions under section 170(c).	0.0				
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.)	10-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) gualified nonprofit health insurance issuers.					
13	Is the organization licensed to issue qualified health plans in more than one state?	13a				
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	154				
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x		
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b				
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		x		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

AND EDUCATIONAL TRUST

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

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X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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	Х	
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	X	
12a		12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		- 11	
с		12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13		Х
13 14		14		X
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	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		х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright PA$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 610-827-1906			
	1730 CONESTOGA ROAD, PO BOX 42, CHESTER SPRINGS, PA 19425			

THE MILL AT ANSELMA PRESERVATION								
Form 990 (2019) AND EDUCATIONAL TRUST	23-2971911	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 wit	h or within the organization's	s tax year.						
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regard	dless of amount of compens	ation.						
Enter -0- in columns (D), (E), and (F) if no compensation was paid.								
<ul> <li>List all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> </ul>	I Contraction of the second							

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(de	not o	Pos	itior	ו than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is botl	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		9	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		vold	t con	_			organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ERNIE HOLLING	15.00				×	<u> </u>	ш			
CHAIR		х		x				0.	0.	0.
(2) DAVID ROLLENHAGEN, PHD (EFF. 4/	15.00									
VICE-CHAIR, EXEC DIRECTOR		х		x				0.	0.	0.
(3) SARAH OWENS	0.25									
SECRETARY		Х		х				0.	0.	0.
(4) FRANK MERCURIO (EFF FEB. 2020)	12.00									
TREASURER		Х		х				0.	0.	0.
(5) MATT BROWN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CHRIS BUTCHKOSKI	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(7) PAUL HAMMILL	1.00									_
BOARD MEMBER		х						0.	0.	0.
(8) DONALD LUCE	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) DAVE MAGROGAN	1.00								•	0
BOARD MEMBER	1 00	X				<u> </u>		0.	0.	0.
(10) CHARLIE ORLANDO	1.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(11) STEPHEN RHOADS, ESQ	1.00	v						0.	0.	0
BOARD MEMBER		Х						0.	0.	0.
						$\vdash$				
		1								
						$\vdash$				
		1								
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							L			

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Form	990 (2019) AND EDUCA	TIONAL	TR	US	т					23-29	<del>)</del> 719	11	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box offi	not c , unles	Pos heck i ss per	more rson i	than c s both r/trust	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related		Est am	( <b>F)</b> imate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		orga	om the nizati relate	e ion ed
			-											
											-+			
											+			
			-											
	Subtotal Total from continuation sheets to Part VI							>	0.		0.			0.
d 2	Total number of individuals (including but n	ot limited to th					) wh	o re	0. eceived more than \$100,0	000 of reportable	0.			0.
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee, k	ey e	empl	oye	e, or	hig	hest compensated empl	oyee on	Г			
	line 1a? If "Yes," complete Schedule J for se	uch individual									[	3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>	iccrue comper	nsati	on fr	om	any	unre	late	ed organization or individ	lual for services		5		x
Sec	tion B. Independent Contractors		2 0 10	JISL		Jers	011 .					0		
1	Complete this table for your five highest con the organization. Report compensation for t										ensati	on fror	n	
	(A) Name and business			ONE					(B) Description of s		Cc	(C) mpen		n
2	Total number of independent contractors (ir	ncludina but n	ot lin	niter	to t	thos	e lis	ted	above) who received mo	ore than				
•	\$100,000 of compensation from the organiz	•							,					

#### THE MILL AT ANSELMA PRESERVATION

	<u>990 (</u>		) EDI	JCATIO	NAL TRUST	RESERVATION	N	23-2971	911 Page
Fai									
		Check if Schedule O	contain	s a respons	e or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded
ts t	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
5 ĕ		Fundraising events			16,473.				
är jä	d	Related organizations		1d					
s, s	е	Government grants (contr	ribution	s) <b>1e</b>					
ŝ	f	All other contributions, gifts,	grants, a	and					
the		similar amounts not included	l above	1f	98,611.				
<u>p</u>	g	Noncash contributions included in	lines 1a-1	f <b>1g</b> \$	57,903.				
an Co	h	Total. Add lines 1a-1f			►	115,084.			
					Business Code				
Ð	2 a	ADMISSIONS			900099	1,838.	1,838.		
N S	b	MEMBERSHIP			900099	335.	335.		
Ser	с				_				
Program Service Revenue	d				_				
Ъ	e				_				
Pro	f	All other program service	revenue	e	_				
		Total. Add lines 2a-2f				2,173.			
	3	Investment income (includ							
		other similar amounts)	Ū	·		316.			316
	4	Income from investment of							
	5	Royalties		·					
		,		(i) Real	(ii) Personal				
	6 a	a Gross rents							
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)	;)						
		Gross amount from sales of		i) Securitie	s (ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ē		and sales expenses	7b						
enue	с	Gain or (loss)	7c						
Sev		Net gain or (loss)							
Other Rev		Gross income from fundraisi							
f		including \$ 16	•	· ·					
-		contributions reported on							
		Part IV, line 18			Ba 27,036.				
	b	Less: direct expenses			в 22,281.				
		Net income or (loss) from				4,755.			4,755
		Gross income from gamin		- r					
		Part IV, line 19	-		9a 0.				
	b	Less: direct expenses			в 6,101.				
		Net income or (loss) from				-6,101.			-6,101
		Gross sales of inventory, I		Г Г					
		and allowances			0a 1,791.				
	b	Less: cost of goods sold			ob 140.				
		Net income or (loss) from		_		1,651.			1,651
					Business Code				
sno	11 a	MISCELLANEOUS		COME	900099	665.	665.		
nue	b								
evenu	с								
Miscellaneous Revenue		All other revenue							
						665.			
2	е	Total. Add lines 11a-11d			💌 🗸	005.			

#### THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST

	AND EDUCATIO			23-29	71911 Page <b>10</b>
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must con	nplete column (A)	
0000	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,380.	1,500.	440.	440.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	440.	278.	81.	81.
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
	Accounting	6,762.		6,762.	
		0,,020			
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
g		10,458.	797.	9,661.	
10	column (A) amount, list line 11g expenses on Sch 0.)	876.	867.	9.	
12	Advertising and promotion	3,328.	702.	2,578.	48.
13	Office expenses	J, J20•	102.	2,570.	40.
14	Information technology				
15	Royalties	6 262	4,751.	1,511.	
16		6,262. 1,414.	1,414.	, JII.	
17	Travel	1,414.	1,414.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	200	200		
19	Conferences, conventions, and meetings	200.	200.		
20	Interest				
21	Payments to affiliates	46.005	45 504		
22	Depreciation, depletion, and amortization	46,227.	45,724.	503.	
23	Insurance	10,023.	8,620.	1,403.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SITE MAINTENANCE	10,661.	10,661.		
b	DUES	4,986.	548.	4,438.	
c	SPECIAL PROJECTS	4,965.	4,965.		
d	MISCELLANEOUS	2,171.		2,171.	
	All other expenses	908.	908.	· · · · · · · · · · · · · · · · · · ·	
25	Total functional expenses. Add lines 1 through 24e	112,061.	81,935.	29,557.	569.
26	Joint costs. Complete this line only if the organization	_,			
_•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

if following SOP 98-2 (ASC 958-720)

#### THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST

Form		2019) AND EDUCATIONA		IA PRESERVATIO UST		23-	2971911 Page <b>11</b>
Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any			<u> </u>	(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			20,237.	1	65,130.
	2	Savings and temporary cash investments			13,127.		0.
	3	Pledges and grants receivable, net				3	•••
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
	Ŭ	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali				Ŭ	
	Ū	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ass	9					9	
		Land, buildings, and equipment: cost or other	I			3	
	104	basis. Complete Part VI of Schedule D	102	1 445 015			
	h	Less: accumulated depreciation	10a	576,036.	915,206.	10c	868,979.
	11	Investments - publicly traded securities			100.		23,375.
	12	Investments - other securities. See Part IV, line -			54,735.		52,151.
	13	Investments - program-related. See Part IV, line			51,755.	13	52,151.
	13 14					14	
	15	Intangible assets				15	
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equ			1,003,405.	16	1,009,635.
	17	Accounts payable and accrued expenses			2,398.	17	4,730.
	18	Grants payable			2,330.	18	1,7500
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form				21	
ties	LL	trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		of Schedule D				25	
	26				2,398.	26	4,730.
		Organizations that follow FASB ASC 958, che			· ·		
es		and complete lines 27, 28, 32, and 33.					
anc	27				925,455.	27	926,534.
Bala	28	Net assets with donor restrictions		E C	75,552.	28	78,371.
P		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.					
٦.	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ast	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,001,007.		1,004,905.
-	33	Total liabilities and net assets/fund balances			1,003,405.	33	1,009,635.
		· · · · · · · · · · · · · · · · · · ·			· · ·		Form <b>990</b> (2019)

THE MILL AT ANSELMA PRESERVATION	THE	$\mathtt{MILL}$	$\mathbf{AT}$	ANSELMA	PRESERVATION
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Form	1 990 (2019) AND EDUCATIONAL TRUST	23-	297191	.1	Page <b>12</b>
Pa	rt 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)	1			543.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1		061.
3	Revenue less expenses. Subtract line 2 from line 1	3			482.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,0	<u>)01,</u>	007.
5	Net unrealized gains (losses) on investments	5		-2,	584.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,0	04,	905.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. <u>X</u>
			_	Ye	es 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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a X	<u> </u>
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis 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				
	review, or compilation of its financial statements and selection of an independent accountant?			2c X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc	lit		
	Act and OMB Circular A-133?			la	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			b	

SCHEDULE A			Dublic Cha	rity Status an		lia Su	unnort		OMB No. 1545-0047	
(Form 990 or 990-EZ)					rity Status an					2010
					47(a)(1) nonexempt cha					2013
		f the Treasury nue Service			Attach to Form 990 or F					Open to Public
					/Form990 for instruction			nformation.		Inspection
Nan		he organizati			SELMA PRESERV	VATIO	N			r identification number
Pa	rtl	Reason		EDUCATIONA	All organizations must co	malata th	ic port ) Sc	o instructions		3-2971911
									).	
11e	organ				For lines 1 through 12, cl on of churches described			IV A Vi)		
2	$\square$				Attach Schedule E (Form			·//~//י/·		
3	$\square$				anization described in se			i).		
4		-	=		njunction with a hospital			-	(iii). Enter	the hospital's name,
		city, and state	+							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general j	public described in
		-		Complete Part II.)						
8					(1)(A)(vi). (Complete Par	,				
9		•	-	-	in section 170(b)(1)(A)(		-		-	•
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	e or
10		university:	on that norma	ally receives: (1) more	than 33 1/3% of its supp	oort from a	ontributio	ne memberet	nin fees an	d gross receipts from
10					ct to certain exceptions,					
					(less section 511 tax) fro					•
				mplete Part III.)	(,,					
11					ively to test for public sat	fety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	rganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (	Check the box in
		lines 12a thro	ough 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
			•	., .	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting
		7 Ŭ		complete Part IV, Se						
b					l or controlled in connect			-		-
					anization vested in the sa	ame perso	ns that co	ntroi or manag	ge the supp	ported
с		¬ ~	. ,	st complete Part IV,	g organization operated	in connect	tion with	and functional	ly integrate	ad with
U		••	-	• •	). You must complete I				iy integrate	ia with,
d			0		porting organization oper				ted organiz	zation(s)
		••	-		ation generally must sat				•	
		requiremen	t (see instruct	tions). You must cor	nplete Part IV, Sections	A and D,	and Part	v.		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally	integrated, or	r Type III non-functio	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number	of supported of	organizations						
<u> </u>		ide the followi		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetan	(vi) Amount of other
	,	organization			(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)
		-			above (see instructions))	163				
<del>.</del>										
Tota	ll 🛛									1

		EDUCATIONAL TRUST	23-2971
Part II	Support Schedule for Org	anizations Described in Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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(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	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	87,074.	95,950.	91,503.	112,142.	115,084.	501,753.	
2	Tax revenues levied for the organ-							
	ization'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	87,074.	95,950.	91,503.	112,142.	115,084.	501,753.	
	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)						138,615.	
6	Public support. Subtract line 5 from line 4.						363,138.	
	tion B. Total Support				L		•	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
	Amounts from line 4	87,074.	95,950.	91,503.	112,142.	115,084.	501,753.	
	Gross income from interest,	-			-	-		
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	2,991.	38.	26.	54.	316.	3,425.	
9	Net income from unrelated business	<b>,</b>						
•	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	2,558.	653.	97.	6,584.	665.	10,557.	
11	<b>Total support.</b> Add lines 7 through 10	270001	0001	5,1	0,0011		515,735.	
	Gross receipts from related activities,	etc. (see instructio	ne)			12	227,654.	
	First five years. If the Form 990 is for			l fourth or fifth ta				
10	organization, check this box and stop	-			•			
Sec	tion C. Computation of Publi	A	-					
14	Public support percentage for 2019 (li	ne 6. column (f) div	vided by line 11. co	olumn (f))		14	70.41 %	
	Public support percentage from 2018					15	70.67 %	
	33 1/3% support test - 2019. If the c							
	stop here. The organization qualifies							
b			-					
	<b>b</b> 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a								
	a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"			-	-			
h	10% -facts-and-circumstances test	-						
~	more, and if the organization meets th	-						
	organization meets the "facts-and-circ							
18								
-10	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019 AND EDUCATIONAL TRUST Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1		
14	First five years. If the Form 990 is for						·
<u> </u>	check this box and stop here						····· <b>P</b>
	ction C. Computation of Publi						
	Public support percentage for 2019 (li			column (f))		15	%
-	Public support percentage from 2018					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the						►
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

#### Schedule A (Form 990 or 990-EZ) 2019 AND EDUCATIONAL TRUST

1

2

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

10b

Sche		3-297191	1 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		L
b	A family member of a person described in (a) above?	11b		L
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
-	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<b> </b>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	<u>3a</u>		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	24		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	1	1

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990-EZ) 2019 AND EDUCATIONAL TRUST Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2019

Sche Par	dule A (Form 990 or 990-EZ) 2019 AND EDUCATION			3-2971911 Page 7
Secti	on D - Distributions		(continued)	Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

		THE	MILL	AT	ANS	ELMA	PRESE	RVATIO	N			
Schedule A	(Form 990 or 990-EZ) 2019	AND	EDUC	ATIC	ONAL	TRU	ST			23-297	1911 ı	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	<b>mation</b> , 2, 3b, 3 lines 2 ar	<ul> <li>Provide</li> <li>c, 4b, 4c,</li> <li>nd 3; Par</li> </ul>	e the e> , 5a, 6, t IV, Se	xplanati 9a, 9b, ction E	ions requ 9c, 11a, , lines 1c	uired by Pa , 11b, and <sup>-</sup> ; 2a, 2b, 3a	11c; Part IV, 3 a, and 3b; Pa	Section B, line irt V, line 1; Pa	a or 17b; Part III, I s 1 and 2; Part IV rt V, Section B, Iir	ine 12; ′, Section C ne 1e; Part	),

## THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST

#### **Schedule A**

### Identification of Excess Contributions Included on Part II, Line 5

23-2971911

2019

### \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
CHARLIE & ANNA JORDAN	82,064.	71,749.
DAVID & DEBORAH ROLLENHAGEN	20,421.	10,106.
BARBARA JORDAN	67,075.	56,760.
Total Excess Contributions to Schedule A, Part II, Line 5		138,615.

Schedule I	B
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(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

## Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

THE	$\mathtt{MILL}$	AT	ANSI	ELMA	PRESERVATION
AND	EDUCA	ATIC	DNAL	TRUS	ST

23-2971911

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{501(c)}(3)$ (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

Name of organization

THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST

23-2971911

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	CHARLES C JORDAN         1120 LOWER PINE CREEK ROAD         CHESTER SPRINGS, PA 19425	\$9,945.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MAURICE KRING 2323 CHESTER SPRINGS ROAD CHESTER SPRINGS, PA 19425	\$6,500.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BARBARA JORDAN 1465 HORSESHOE TRAIL CHESTER SPRINGS, PA 19425	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MARC DUEY 2000 ART SCHOOL ROAD CHESTER SPRINGS, PA 19425	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JOHNSON & JOHNSON 200 GREAT VALLEY PWKY MALVERN, PA 19355	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	BARBARA JORDAN <u>1465 HORSESHOE TRAIL</u> CHESTER SPRINGS, PA 19425	\$ <u> </u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)

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

Page **2** 

	organization ILL AT ANSELMA PRESERVATION		Employe	er identification number
AND E	DUCATIONAL TRUST		23-	2971911
Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed	ł.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	STOCK DONATION			
1		\$9,9	45.	04/21/20
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	STOCK DONATION			
6		\$10,9	44.	_12/09/19_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		

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

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

Page 3

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)			Page <b>4</b>								
	rganization		Employer id	lentification number								
	ILL AT ANSELMA PRESERVAT	TION										
	DUCATIONAL TRUST			71911								
Part III	from any one contributor. Complete columns (a)	through (e) and the following line ent	ry. For organizations	han \$1,000 for the year								
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info. once.)									
(a) No.	Use duplicate copies of Part III if additional	space is needed.										
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how	w gift is held								
Part I												
		(e) Transfer of gif	·									
-	Transferee's name, address, ar	Relationship of transferor to tra	nsferee									
		[										
(a) No.												
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of ho	w gift is held								
		(e) Transfer of gif										
			<b>B I I I I I I I I I I</b>									
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to tra	nsteree								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how	w gift is held								
Part I		(0) 000 01 girt										
		(e) Transfer of gift	•									
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to tra	nsferee								
(a) No. from		I										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how	w gift is held								
ŀ		(a) Treasfor of all										
		(e) Transfer of gif										
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to tra	nsferee								
ľ	,, _,, _		• • • • • • • • • • • • • •									
		[										

SCHEDULE D Supplemental Financial Statements						⊢	OMB No. 1545-0047				
	n 990)				anization answered '					2019	
•				e 6, 7, 8, 9, 1Ŏ	, 11a, 11b, 11c, 11d, Attach to Form 990.					Open to Public	с
	ment of the Treasury I Revenue Service		Go to www.i		90 for instructions ar	nd the latest inforn	nation.			Inspection	
Nam	e of the organizati	on THE	MILL AT	ANSELM	A PRESERVAT	ION		Emp		ntification num	ber
										2971911	
Pa			-			r Similar Funds	or Ac	coun	ts. Con	nplete if the	
	organizatio	n answered	"Yes" on Form 9	90, Part IV, lin							
					(a) Donor adv	vised funds	(	<b>b)</b> Fund	ds and ot	her accounts	
1	Total number at er										
2	Aggregate value o										
3	Aggregate value o										
4 5	Aggregate value a				L writing that the assets	hold in donor advis	and fund				
5	-				exclusive legal contro					Yes	No
6					dvisors in writing that				∟		NO
Ŭ	•		•		r donor advisor, or for	•					
	impermissible priv							•		Yes	No
Pa	tll Conserv	ation Eas			ganization answered "						
1					on (check all that appl						
	Preservation	n of land for p	public use (for ex	xample, recrea	tion or education)	Preservation o	f a histo	rically i	important	land area	
	Protection o	f natural hat	oitat			Preservation o	of a certif	ied his	toric stru	cture	
	Preservation	n of open spa	ace								
2	Complete lines 2a	through 2d	if the organizatio	on held a qualit	fied conservation cont	ribution in the form	of a cor	nservati	ion easer	nent on the last	
	day of the tax year								Held at th	e End of the Tax Y	/ear
а								2a			
b	Total acreage rest							2b			
c					ucture included in (a)			2c			
d					after 7/25/06, and not						
2					accord outing vieland			2d	du win a the	. toy	
3	year	valion easen	nents modilied, i	transierreu, rei	eased, extinguished, o	or terminated by the	e organiz	ation c	uning the	elax	
4		where prope	rty subject to co	nservation eas	sement is located						
5					iodic monitoring, insp	ection. handling of					
	violations, and enf					, 3				Yes	No
6	Staff and voluntee	r hours devo	oted to monitorin	ng, inspecting,	handling of violations	, and enforcing con	servatio	n easer	ments du	ring the year	
	▶										
7	Amount of expens	es incurred i	in monitoring, in:	specting, hanc	lling of violations, and	enforcing conserva	ation eas	ement	s during t	he year	
	▶\$										
8			-		e satisfy the requirem						
										Yes	No
9	,		0 1		on easements in its re						
					note to the organizatio	n's financial statem	ients tha	t descr	ribes the		
Pa	organization's acc t III Organiza	ations Ma	intaining Co	llections of	Art, Historical T	reasures. or O	ther Si	milar	Asset	S.	
					990, Part IV, line 8.				,	-	
1a					8, not to report in its r	evenue statement :	and hala	nce sh	eet work		
	•				olic exhibition, educati					-	
				-	ncial statements that o			00 0. p			
b	· •				8, to report in its reve			sheet	works of		
	-	-			exhibition, education					e,	
	provide the followi			-							
	(i) Revenue inclu	ded on Form	n 990, Part VIII, li	ine 1				▶ \$	S		
	(ii) Assets include								\$		
2	If the organization	received or	held works of ar	t, historical tre	asures, or other simila	r assets for financia	al gain, p	rovide			
	-	-	-		SC 958 relating to the						
а								• \$			
								•			
ιца	Ear Danarwork D	aduction Ac	t Nation can th	o Instruction	s for Form 990			•	Cobodula	D (Form 990) 2	2010

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule p.Form 980 2019       AND EDUCATIONAL TRUST       23-2971911       Page 2971911       Page 297111       Page 2971911       Page 2971		THE MIL	L AT ANSELM	IA PRESERVA	ATION					
3 Using the organization acquisition, accession, and other records, check any of the following that make significant use of its collection thems (check all that apply):  a Public exhibition b Scholarly research b Scholarly research c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization societ or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection?     Teported an amount on Form 900, Part X, line 21.     Is the organization and or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.     Is the organization angent in Part XIII and complete the following table:         Reginning balance         Reginning of year balance         Reginning of year balance         Set 2, 151, 54, 735, 55, 865, 56, 075, 53, 169, 58, 282,          Set 2, 151, 54, 735, 155, 865, 56, 075, 53, 169, 784, 784, 784, 784, 784, 784, 784, 784	Sche									<sub>age</sub> 2
collection terms (check all that apply):       a       b       b       b       Collection terms (check all that apply):         a       Pote exhibition       c       Other	Par	t III   Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or C	Other Si	imilar Assets	(contin	ued)	
a       Public schibtion       d       □ can or exchange program         b       Schibality research       e       □ Otter	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that m	ake signif	ficant use of its	·	,	
b       Scholarly research       e       Other         c       Preservation for future generations       4       Provide a description of the organization socilic to receive domains of art, historical treasures, or other similar assets       to be soft or take funct antimation as part of the organization socilection?       Yes       No         Partial class funct antimation as part of the organization socilection?       Yes       No       No         Partial class funct antimate as part of the organization socilection?       Yes       No         Partial class funct antimate as part of the organization societon?       Yes       No         Partial class funct antimate as part of the organization societon?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1         c       Beginning balance       It       It       It       It       It         d       Detributions during the year       It       It       It       It       It       It       It       It       It         Balance       2       Amount       It       It <td< td=""><td></td><td>collection items (check all that apply):</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		collection items (check all that apply):								
c □ Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part K, line 9, or reported an amount on Form 980, Part X, line 21. 1 Is the organization an agent trustee, custodial or other intermediary for contributions or other assets not included on Form 980, Part XP. 1 If Yes, " explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XII  Part V Endowment FundS. Complete if the organization answered 'Yes' on Form 980, Part X, line 2, part 4, 1, 130, -210, 2, 906, -5, 123, 0, 1, 130, -210, 2, 906, -5, 123, 0, 0, -5,	а	Public exhibition	d	Loan or exc	hange program					
c □ Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part K, line 9, or reported an amount on Form 980, Part X, line 21. 1 Is the organization an agent trustee, custodial or other intermediary for contributions or other assets not included on Form 980, Part XP. 1 If Yes, " explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII and complete the following table:      b If 'Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XII  Part V Endowment FundS. Complete if the organization answered 'Yes' on Form 980, Part X, line 2, part 4, 1, 130, -210, 2, 906, -5, 123, 0, 1, 130, -210, 2, 906, -5, 123, 0, 0, -5,	b	Scholarly research	е	Other						
5       During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets:       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answerd "Yes" on Form 990, Part IV, line 9, or reported an anount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (line 1.1.       Ves       No         6       Big in the arrangement in Part XIII and complete the following table:       Armount       Is       Is       Armount       Is       Is       No       Is       <	с	Preservation for future generations								
top evold for raise funds rather than to be maintained as part of the organization's collection?       res       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X       No.         1a       Is the organization in agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X       No.       No.         b       If 'Yes, 'explain the arrangement in Part XIII and complete the following table:       Amount       14         c       Beginning balance       10       14       14       14         d       Additions during the year       10       11       14       14         Part V       Enclowment Funds. Complete if the organization has been provided on Part XIII       No       No         b       If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       No         fa Beginning of year balance       6) Current year (b) Provide year balance       16, Current year (b) Provide year balance       15, 15, 85, 85, 15, 95, 15, 3, 169, 15, 28, 28, 28, 12, 1, 130, 22, 10, 2, 206, -5, 123, 169, 124, 735, 155, 865, 56, 075, 53, 169, 124, 735, 126, 124, 735, 126, 126, 126, 75, 123, 169, 124, 206, 15, 123, 126, 124, 735, 126, 126, 126, 126, 12	4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	s exempt	purpose in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ia is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete the organization naskeer the explanation has been provided on Part XIII.       Image: Complete the organization answerd 'Yes' on Form 990, Part IV, line 10.       Image: Complete the organization answerd 'Yes' on Form 990, Part IV, line 10.       Image: Complete the organization answerd 'Yes' on Form 990, Part IV, line 10.       Image: Complete the organization answerd 'Yes' on Form 990, Part IV, line 10.       Image: Complete the organization answerd 'Yes' on Form 990, Part IV, line 10.       Image: Complete the organization answerd 'Yes' on Form 990, Part IV, line 10.       Image: Complete the organization answerd 'Yes' on Form 990, Part IV, line 10.       Image: Complete the organization answerd 'Yes' or Form 990, Part IV, line 10.       Image: Complete the organization answerd 'Yes' or Form 990, Part	5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other s	similar ass	ets			
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:         is genining balance       is genining balance         a       diditional diditional display of the arrangement in Part XIII and complete the following table:         a       diditional display of the arrangement in Part XII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization narswerd 'Ves' on Form 900, Part X, line 21, for escrow or custodial account liability?       Yee         Part V       Endowment Funds. Complete if the organization narswerd 'Ves' on Form 900, Part X, line 10.       is genining of year balance         1a       Beginning of year balance       is 4,735, 55,655, 56,073, 53,169, 58,292, is 2,922, is 1, 51, 1,53, 1,53, 1,53, 1,53, 1,58, 2,58,292, is 2,58,4, -1,130, -210, 2,906, -5,123, is 3, 1,69, 2,		to be sold to raise funds rather than to be ma	aintained as part of th	e organization's col	lection?			Yes		No
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         b       If "Yes," explain the arrangement in Part XIII and complete the following table:         is genining balance       is genining balance         a       diditional diditional display of the arrangement in Part XIII and complete the following table:         a       diditional display of the arrangement in Part XII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization narswerd 'Ves' on Form 900, Part X, line 21, for escrow or custodial account liability?       Yee         Part V       Endowment Funds. Complete if the organization narswerd 'Ves' on Form 900, Part X, line 10.       is genining of year balance         1a       Beginning of year balance       is 4,735, 55,655, 56,073, 53,169, 58,292, is 2,922, is 1, 51, 1,53, 1,53, 1,53, 1,53, 1,58, 2,58,292, is 2,58,4, -1,130, -210, 2,906, -5,123, is 3, 1,69, 2,	Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Ye	es" on For	rm 990, Part IV, I	ine 9, or		
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII?       No       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII?       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: State S				-						
b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year d Additions during the year f Ending balance bit "their sequal the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Part V Endowment Funds. Complete if the organization area (b) Prior year (c) Two years back (c) Three years back (c) Four years back (c) Four years back (c) Four years back (c) Four years back (c) Three years back (c) Four years back (c) Four years back (c) Three years back (c) Three years back (c) Four years back (c) Three years back (c) Three years back (c) Three years back (c) Four years back (c) Three years or horee years or horee years or horee years back (c) Three years back (	1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets	s not inclu	uded			
b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year d Additions during the year f Ending balance bit "their sequal the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  Part V Endowment Funds. Complete if the organization area (b) Prior year (c) Two years back (c) Three years back (c) Four years back (c) Four years back (c) Four years back (c) Four years back (c) Three years back (c) Four years back (c) Four years back (c) Three years back (c) Three years back (c) Four years back (c) Three years back (c) Three years back (c) Three years back (c) Four years back (c) Three years or horee years or horee years or horee years back (c) Three years back (		on Form 990, Part X?						Yes		No
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       ft "Yes," explain the arrangement in Part XIII. Check here if the explanation naws even 'Yes' on Form 990, Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       52, 151, 53, 655, 56, 075, 53, 169, 58, 222, 53, 169, 56, 075, 53, 169, 53, 169, 56, 075, 53, 169, 53, 169, 53, 169, 56, 075, 53, 169,	b							_		_
c       Beginning balance       1c         d       Additions during the year       1c         f       Ending balance       1f         Distributions during the year       1c         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Check the intervent of the explanation has been provided on Part XIII       Image: Check the intervent of the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       53, 165, 56, 075, 53, 169, 53, 2422, 53, 255, 265, 075, 53, 129, 53, 2422, 53, 252, 252, 252, 252, 252, 252, 25			·	0				Amount		
d Additions during the year       id         e Distributions during the year       id         f Ending balance       if         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custolial account liability?       Yes       No         b f 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part V, line 10.         Part V       Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (e) Four years back       58, 292.         b Contributions       (a) Grants or scholarships       -2, 584.       -1, 130.       -210.       2, 906.       -5, 123.         c H Administrative expenses       52, 151.       54, 735.       55, 865.       56, 075.       53, 169.         g End of year balance	с	Beginning balance					1c			
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization nas been provided on Part XIII       Part V       Endowment Funds.       (e) Four years         1a       Beginning of year balance       (a) Current year       (c) Pror year       (c) Two years back.       (d) Three years back.       (e) Four years back.         1a       Beginning of year balance       (a) Current year       (c) Pror year       (c) Two years back.       (d) Three years back.       (e) Four years back.         1a       Contributions       (a) Current year       (c) Pror years back.       (d) Three years back.       (e) Four years back.         1a       Contributions       (c) Two years back.       (f) Three years back.       (e) Four years back.         1a       Contributions       (c) Two years back.       (e) Four years back.       (e) Four years back.         1a       Contributions       (c) Administrative expenditures for facilities       (c) Administrative expenditures for facilities       (e) Administrative expenditures for facilities         1b       Forvide the estimated percentages on lines 2a, 2b, and 2c should equal 100%.       (f)										
f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c Other expenditures for facilities       and programs       -2,584.       -1,130.       -210.       2,906.       -5,123.         g End of year balance       52,151.       54,735.       55,665.       56,075.       53,169.         g End of year balance       100.00       %       %       %       %       %       %         Permanent endowment ▶       100.00       %       <										
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       54, 735.       55, 865.       56, 075.       53, 169.       58, 292.         1b       Contributions       -2.0.       2, 906.       -5, 123.         1a       Grants or scholarships       -2.584.       -1, 130.       -210.       2, 906.       -5, 123.         and programs       -1       -1, 130.       -210.       2, 906.       -5, 123.         af Administrative expenses       -2, 511.       54, 735.       55, 865.       56, 075.       53, 169.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶										
b. If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 900, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior years       (c) Tor years back       (d) Finer years         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Tor years back       (d) Finer years         b. Contributions       (a) Current year       (b) Prior year       (c) Tor years back       (d) Finer years         b. Contributions       (a) Current year       (b) Prior year       (c) Tor years back       (d) Finer years         c. Net investment earings, gains, and losses       (a) Current year       (b) Prior year       (c) Tor years back       (d) Finer years         e. Other expenditures for facilities       (a) Current year       (b) Prior year       (c) Tor years back       (d) Finer years         g. End of year balance       52,151.       54,735.       55,865.       56,075.       53,169.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Board designated or quasi-endowment (p)       (f)         3       Are there endowment (p)       100.00       %       %       (f)       (f)         9 <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Ves</td><td></td><td>No</td></td<>								Ves		No
Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Two yea							·····			]
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       54,735,5865,56,075,53,169,53,169,58,292.         b       Contributions       -1,130,-210,2,906,-5,123.         c       Other expenditures for facilities       -1,130,-210,2,906,-5,123.         and programs       -2,584,-1,130,-210,2,906,-5,123.         f       Administrative expenses       -2,21,1,5,54,735,55,865,56,075,53,169.         g       End of year balance       52,151,54,735,55,865,56,075,53,169.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶										
1a       Beginning of year balance 54,735,              55,865,              56,075,              53,169,              58,292, c Net investment earnings, gains, and losses c A ret investment earnings, gains, and losses c Administrative expenses g End of year balance c S2,151, 54,735, c S2,151, 54,735, c S5,865, 56,075, 2,906,              -5,123, c Administrative expenses g End of year balance S2,151,              54,735,              55,865,              56,075,              53,169, c Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		Complete .					Three years back	(e) Four	vears	hack
b       Contributions	10	Beginning of year balance								
c       Net investment earnings, gains, and losses       -2,584.       -1,130.       -210.       2,906.       -5,123.         d       Grants or scholarships			,	,			,		,	
Grants or scholarships			-2 584	-1 130	- 1	210	2 906		- 5	123
e Other expenditures for facilities and programs			2,301.	1,100.			2,500.		<u>,</u>	120.
and programs										
f       Administrative expenses       52, 151.       54, 735.       55, 865.       56, 075.       53, 169.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶	е									
g End of year balance       52,151.       54,735.       55,865.       56,075.       53,169.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶      %         b Permanent endowment ▶      %      %         c Term endowment ▶      %         mapped percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations isted as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>basis (investment)</li> <li>basis (other)</li> <li>depreciation</li> <li>107, 680.</li> <li>1, 305, 784.</li> <li>548, 667.</li> <li>757, 117.</li> <li>c Leasehold improvements</li> <li>(a) Cupment</li> <li>(b) Cumm (d) must equal Form 990, Part X, column (B), line 10c.</li> <li>8688, 979.</li>										
2       Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       Unrelated organizations			50 151	E4 72E			E6 07E		E 2	160
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li><b>Part VI</b></li> <li><b>Land, Buildings, and Equipment</b>.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>depreciation</li> </ul> 1a Land       107, 680.       107, 680.         b Buildings       1, 305, 784.               c Leasehold improvements <ld>1               d Equipment             <ld>31, 551.             <le>27, 369. <le>4, 182. <li>Other</li> <li>Botal. Add lines 1a through 1e. (Column (a) must equal Form 990, Part X, colum</li></le></le></ld></ld>	-			,	,	505.	56,075.		55,	109.
b       Permanent endowment ▶       100.00       %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations			ent year end balance		) held as:					
c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Description of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>basis (investment)</li> <li>basis (other)</li> <li>1007, 680.</li> <li>107, 680.</li> <li>107, 680.</li> <li>107, 369.</li> <li>4, 182.</li> <li>Other</li> <li>See Porm 990, Part X, column (B), line 10c.)</li> <li>868, 979.</li> </ul>	а	<b>e</b> 1 ,		_%						
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(d) Book value</li> <li>(d) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(i) Cost or other</li> <li>(i) Cost</li></ul>	b									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i) X         (ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         b Buildings       1,305,784.       548,667.       757,117.         c Leasehold improvements       31,551.       27,369.       4,182.         e Other       4       4       4       4         Column (d) must equal Form 990, Part X, column (B), line 10c.)       868,979.       868,979.	С		· -							
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land 1a Land 1b Buildings 1a Land 1a Land 1b Buildings 1a Land 1b Buildings 1b Buildings 1c Leasehold improvements 1c Leasehold improvements 1c Leasehold improvements 1c Leasehold inprovements 1c Land 1c			-							
(i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c         4       Describe in Part XIII the intended uses of the organization's endowment funds.       B       3c       3c         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       107, 680.       107, 680.         b       Buildings       1, 305, 784.       548, 667.       757, 117.         c       Leasehold improvements	3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	id administered	for the or	rganization	Г		
(ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       107, 680.       107, 680.         b Buildings       1, 305, 784.       548, 667.       757, 117.         c Leasehold improvements       31, 551.       27, 369.       4, 182.         e Other       E       E       E       E         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       868, 979.		-								No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       107, 680.       107, 680.         b       Buildings       1, 305, 784.       548, 667.       757, 117.         c       Leasehold improvements       31, 551.       27, 369.       4, 182.         e       Other       868, 979.								3a(i)	X	
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (c) Accumulated depreciation         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       107,680.       107,680.         b       Buildings       1,305,784.       548,667.       757,117.         c       Leasehold improvements       31,551.       27,369.       4,182.         e       Other        868,979.		(ii) Related organizations						3a(ii)		X
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (c) Accumulated depreciation         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       107,680.       107,680.       107,680.         b Buildings       1,305,784.       548,667.       757,117.         c Leasehold improvements       31,551.       27,369.       4,182.         e Other       0       0       868,979.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       107,680.       107,680.       107,680.         b Buildings       1,305,784.       548,667.       757,117.         c Leasehold improvements       31,551.       27,369.       4,182.         e Other       548 in through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)       868,979.	4			vment funds.						
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land       107,680.       107,680.       107,680.         b Buildings       1,305,784.       548,667.       757,117.         c Leasehold improvements       31,551.       27,369.       4,182.         e Other       548 in control of the state through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)       868,979.	Par	<b>t VI</b> Land, Buildings, and Equipm	ent.							
basis (investment)       basis (other)       depreciation         1a Land       107,680.       107,680.         b Buildings       1,305,784.       548,667.       757,117.         c Leasehold improvements		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, P	art X, line	10.			
1a Land       107,680.       107,680.         b Buildings       1,305,784.       548,667.       757,117.         c Leasehold improvements       31,551.       27,369.       4,182.         e Other       548,667.       548,667.       757,117.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       868,979.		Description of property	(a) Cost or of	her (b) Cost	or other	<b>(c)</b> Accu	mulated	(d) Book	value	е
b Buildings       1,305,784.       548,667.       757,117.         c Leasehold improvements			basis (investm		· · ·	depred	ciation			
b Buildings       1,305,784.       548,667.       757,117.         c Leasehold improvements       31,551.       27,369.       4,182.         e Other       757.117.       868,979.	1a	Land								
c Leasehold improvements       d Equipment       31,551.       27,369.       4,182.         e Other       d Equipment       d Equipment       d Equipment       d Equipment       60.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       868,979.       868,979.				1,30	5,784.	54	8,667.	757	7,11	17.
d Equipment       31,551.       27,369.       4,182.         e Other       70tal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       868,979.										
e Other				3	1,551.	2	7,369.	4	1,18	82.
	Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part >	K. column (B). line 10	0c.)			868	3,9	79.
								D (Form	990)	2019

#### THE MILL AT ANSELMA PRESERVATION AND FOUCATIONAL TRUCT

	ONAL TRUST	23	-2971911 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) OTHER INVESTMENTS	52,151.	COST	
(B)	52,151.	6661	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	52,151.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV, line	11d. See Form 990, Part X, line 15.	
		, ,	(1) - · · ·
	Description	, ,	(b) Book value
			(b) Book value
(a)			(b) Book value
(a) (1)			(b) Book value
(a) (1) (2)			(b) Book value
(a) (1) (2) (3)			(b) Book value
(a) (1) (2) (3) (4) (5)			(b) Book value
(a) (1) (2) (3) (4)			(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)			(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description 		
(a) (1) (2) (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"	Description 		
(a) (1) (2) (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	Description 		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description 		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description 		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description 		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description 		
(a) (1) (2) (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) (3)	Description 		
(a) (1) (2) (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) (3) (4)	Description 		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim. Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description 		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lim Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description 		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 		

<u>olumn (b) must equal Form 990, Part X, col. (B) line 25.)</u>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

THE	MILL	$\mathbf{AT}$	ANSELMA	PRESERVATION
AND	EDUCZ	ነጥተር	NAL TRUS	ናጥ

Sche	edule D (Form 990) 2019 AND EDUCATIONAL TRUST	23-29719	11 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1 1	28,008.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -2,	584.	
b	Donated services and use of facilities 2b		
с			
d	Other (Describe in Part XIII.) 2d 28,	522.	
е	Add lines <b>2a</b> through <b>2d</b>	2e	25,938.
3	Subtract line <b>2e</b> from line <b>1</b>	3 1	.02,070.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а		1	
b	Other (Describe in Part XIII.) 4b   16,	473.	
С	Add lines <b>4a</b> and <b>4b</b>		16,473.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		18,543.
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		04.110
1	Total expenses and losses per audited financial statements	1	.24,110.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а			
b			
С		500	
d		522.	00 500
е	······································		28,522.
3	Subtract line <b>2e</b> from line <b>1</b>		95,588.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а		472	
b		473.	1 ( 17)
С	Add lines 4a and 4b		16,473.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		12,061.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

ENDOWMENT	FUNDS	LISTED	IN	PART	V	ARE	USED	то	SUPPORT	GENERAL	OPERATING
-----------	-------	--------	----	------	---	-----	------	----	---------	---------	-----------

MAINTENANCE, AND EDUCATION EXPENSES.

PART X, LINE 2:

AS	А	NOT-FOR	R-PROFIT	ORGANIZATION,	THE	ORGANIZATION	IS	GENERALLY	EXEMPT
----	---	---------	----------	---------------	-----	--------------	----	-----------	--------

FROM FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION IS SUBJECT TO

#### FEDERAL AND STATE INCOME TAXES ON UNRELATED BUSINESS INCOME.

#### THE ORGANIZATION RECOGNIZES PENALTIES AND INTEREST ACCRUED RELATED TO

INCOME TAX LIABILITIES IN THE PROVISION (BENEFIT) FOR INCOME TAXES IN ITS

#### STATEMENTS OF PENALTIES AND INTEREST. FOR THE YEAR ENDED JUNE 30, 2020

Part XIII Supplemental Information (continued)

#### AND 2019, THERE WERE NO ACCRUALS FOR THE PAYMENT OF PENALTIES AND

INTEREST.

Schedule D (Form 990) 2019

WHEN TAX RETURNS ARE FILED, IT IS HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES, WHILE OTHERS ARE SUBJECT TO UNCERTAINTY ABOUT THE MERITS OF THE POSITION TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD BE ULTIMATELY SUSTAINED. THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY. TAX POSITIONS TAKEN ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS. TAX POSITIONS THAT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY. THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION, ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION.

THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. THE ORGANIZATION'S INCOME TAX RETURNS ARE NOT SUBJECT TO EXAMINATION THROUGH THE YEAR ENDED JUNE 30, 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE

Schedule D (Form 990) 2019         AND EDUCATIONAL TRUST	23-2971911 Page 5
Part XIII Supplemental Information (continued)	
GIFT SHOP INVENTORY EXPENSES	140.
RAFFLE EXPENSE	6,101.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	28,522.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
NON CASH GIFTS	16,473.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENTS EXPENSE	22,281.
GIFT SHOP INVENTORY EXPENSES	140.
RAFFLE EXPENSE	6,101.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	28,522.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
NON CASH GIFTS	16,473.

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ng or Gaming A	ctiv	vities	OMB No. 1545-0047			
(Form 990 or 990-EZ)		e organization answered "Yes" o rganization entered more than \$				r 19,	or if the	2019			
Department of the Treasury		Attach to Form 99						Open to Public			
Internal Revenue Service		to www.irs.gov/Form990 for ins				on.		Inspection			
Name of the organization		L AT ANSELMA PRESI	±RVA'	LTOL	N		23-2971	entification number			
Part I Fundrais		CATIONAL TRUST									
	complete this part	Complete if the organization answ	verea " Y	es" or	1 Form 990, Part IV, I	ine 1	7. Form 990-E2	tilers are not			
· ·	· ·	 ed funds through any of the follow	ing activ	vities. (	Check all that apply.						
a Mail solicitati	0	° ,	0		overnment grants						
<b>b</b> Internet and											
c 🗌 Phone solicit	ations	g 🔛 Specia	al fundra	aising	events						
d 🗌 In-person sol	icitations										
•		r oral agreement with any individua	•	Ũ		tees,					
• • •		art VII) or entity in connection with	-		-		Yes				
	•	riduals or entities (fundraisers) purs	uant to	agreer	ments under which th	ne fu	ndraiser is to b	e			
compensated at lea	ast \$5,000 by the	organization.									
.,	(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iii) Activity (iii) Activity (iv) Gross receipts from activity (v) Amount paid from activity (v) Amount paid from activity (v) Amount paid from activity						or retained by)	<b>(vi)</b> Amount paid to (or retained by) organization			
			Yes	No							
			Tes								
			_								
			_								
Total	ch the organizatio	n is registered or licensed to solicit	contrib	▶ utions	or has been notified	it is	exempt from re	gistration			

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

Schedule G (Form 990 or 990-EZ) 2019

## THE MILL AT ANSELMA PRESERVATION Schedule G (Form 990 or 990-EZ) 2019 AND EDUCATIONAL TRUST

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			FALL AUCTION			col. (c)
е			(event type)	(event type)	(total number)	
Revenue			40.500			40 500
Jev	1	Gross receipts	43,509.			43,509.
-			1.6 4.77.2			1 6 4 7 2
	2	Less: Contributions	16,473.			16,473.
	~	Crease income (line 1 minus line 2)	27,036.			27,036.
	3	Gross income (line 1 minus line 2)	27,030.			27,030.
	4	Cash prizes				
	-					
	5	Noncash prizes	16,473.			16,473.
se	-					
ense	6	Rent/facility costs				
Direct Expenses						
sct E	7	Food and beverages				
Dire						
	8	Entertainment				
	9	Other direct expenses	5,808.			5,808.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	22,281.
		Net income summary. Subtract line 10 from li				4,755.
Ра	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Г		1	
er			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		
Re	4					
	-	Gross revenue				
	2	Cash prizes				
ses	-					
pen	3	Noncash prizes				
Direct Expenses						
rect	4	Rent/facility costs				
Ō						
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	Yes%	
	6	Volunteer labor	No	Νο	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	-					
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		►	<u> </u>
-						
		ter the state(s) in which the organization condu		-+-+0		
		the organization licensed to conduct gaming ad				Yes No
a	П	No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	vear?	Yes No
		Yes," explain:			<b>,</b>	
		· · · · · · ·				

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

	THE MILL AT ANSELMA PRESERVATION			
Sch	edule G (Form 990 or 990-EZ) 2019 AND EDUCATIONAL TRUST 23-	2971	911	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No 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
	Indicate the percentage of gaming activity conducted in:	1.00	I	
	The organization's facility			<u>%</u>
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130		70
14				
	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 <b>&gt;</b> \$ and the amount			
	of gaming revenue retained by the third party <b>&gt;</b>			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year <b>s s</b> <b>rt IV Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P			
Га	<b>ITTIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, IIr	ies 9, 9	90, 100,
	Tob, Toc, To, and Trb, as applicable. Also provide any additional mormation. See instructions.			

THE	$\mathtt{MILL}$	$\mathbf{AT}$	ANSI	ELMA	PRESERVATION
AND	EDUCA	ATIC	DNAL	TRUS	ST

Schedule G from 990 or 990 EZ AND EDUCATIONAL TRUST 23-2971911 Page 4 Part W Supplemental Information (continued)	Schedule G	i (Form 990 or 990-EZ)	AND	EDUCATIONAL	TRUST	23-2971911	Page 4
	Part IV	Supplemental Infor	mation	(continued)			

SCHEDULE M			ОМ	OMB No. 1545-0047						
(Fo	rm 990)				2019					
Complete if the orga							_			
	ment of the Treasury I Revenue Service	<ul> <li>Attach to Form 990</li> <li>Go to www.irs.gov/</li> </ul>		r instructions and		en to Pu nspectio		ł		
Name	e of the organization	-			Er	nployer identif	ication r	num	ber	
		AND EDUCATIO					23-29	7191	1	
Par	rt I Types of	Property								
			(a) Check if	<b>(b)</b> Number of	<b>(c)</b> Noncash contribution		(d) Method of det	ermining		
			applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	non	cash contribut	on amou	ints	
1	Art - Works of art				<u> </u>					
2		asures								
3		erests								
4		ations	1							
5		ehold goods								
6		hicles								
7										
8		ty								
9		ly traded	X	4	24,930.	FMV				
10		y held stock								
11	Securities - Partne									
	trust interests									
12	Securities - Miscel									
13	Qualified conserva	tion contribution -								
	Historic structures									
14	Qualified conserva	tion contribution - Other								
15	Real estate - Resid									
16	Real estate - Com	mercial								
17		r								
18			1							
19			1							
20		l supplies								
21										
22										
23		ns								
24	Archeological artif									
25	Other 🕨 (F	OOD & DRINK )	X	11	10,616.	FMV				
26	Other ► (M	ISCELLANEOUS	X	18	5,323.	FMV				
27	Other ► (T	ICKETS & GIF	X	2	534.					
28	Other ► (	)								
29	Number of Forms	8283 received by the organi	zation during	g the tax year for co	ontributions					
		nization completed Form 82								
								Ye	s	No
30a	During the year, di	d the organization receive b	y contributic	on any property rep	orted in Part I, lines 1 throug	gh 28, tha	ıt it			
	must hold for at le	ast three years from the date	e of the initia	al contribution, and	which isn't required to be u	sed for				
		for the entire holding period	•		· · · · · · · · · · · · · · · · · · ·			30a		Х
b	If "Yes," describe	the arrangement in Part II.								
31	Does the organiza	tion have a gift acceptance	oolicy that re	equires the review o	of any nonstandard contribu	tions?		31		Х
32a	Does the organiza	tion hire or use third parties	or related or	ganizations to solic	cit, process, or sell noncash		Γ		Τ	
	contributions?							32a		X
b	If "Yes," describe i	in Part II.								
33	If the organization	didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,				
	describe in Part II.									
LHA	For Paperwork	Reduction Act Notice, see	the Instruc	tions for Form 990	).		Schedule M	(Form 99	<del>)</del> 0) 2	2019

		THE	MILL	AT	ANS	ELMA	PRESER	VATION			
Schedule M	(Form 990) 2019	AND	EDUC	ATIC	ONAL	TRUS	ST			23-2971911	Page <b>2</b>
Part II	Supplemental	Inforr	nation.	Provid	de the i	nformatio	on required by	y Part I, lines 30	)b, 32b, and 33	and whether the organ	nization
	is reporting in Part	: I, colun	nn (b), the	e numb	er of co	ontributio	ns, the numb	er of items rece	eived, or a com	bination of both. Also co	omplete
	this part for any ac	ditional	informati	on.							

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# 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. ► Go to www.irs.gov/Form990 for the latest information. THE MILL AT ANSELMA PRESERVATION



23-2971911

### FORM 990, PART V, LINE 1C

THE ORGANIZATION DID NOT HAVE ANY INSTANCES WHERE BACKUP WITHHOLDING

WAS REQUIRED; HOWEVER, IF THE SITUATION WOULD ARISE, THE ORGANIZATION

IS AWARE OF THE REPORTING REQUIREMENTS AND WOULD HANDLE THAT

AND EDUCATIONAL TRUST

ACCORDINGLY.

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION OUTSOURCED BOOKKEEPING RESPONSIBILITIES IN ORDER TO KEEP A

BETTER RECORD OF THE ORGANIZATION'S BOOKS THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF TRUSTEES MEETS ANNUALLY TO CAST BALLOTS ELECTING THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS SENT TO ALL BOARD MEMBERS AND IS REVIEWED BY THE FINANCE

COMMITTEE BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH REQUIRES

ANNUAL DISCLOSURES AND REVIEW OF ANY CONFLICTS AT THAT TIME.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S TAX FORMS ARE AVAILABLE UPON REQUEST TO THE PUBLIC.

Schedule O (Form 990 or 990-EZ) (2019)	Page <b>2</b>
Name of the organization THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST	Employer identification number 23-2971911
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE FILED WITH THE	PA BUREAU OF
CHARITABLE ORGANIZATIONS. THEY ARE ALSO MADE AVAILABLE TO	THE PUBLIC UPON
REQUEST.	
FORM 990, PART XI, LINE 2C	
THERE IS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERS	IGHT OF THE
AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OF AN INDE	PENDENT

ACCOUNTANT. THIS HAS NOT CHANGED FROM THE PRIOR YEAR.

(Rev. January 2020)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

# Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

File by the due date for filing your return. See instructions.       Number, street, and room or suite no. If a P.O. box, see instructions.       C/O RKL LLP - 1330 BROADCASTING RD         City, town or post office, state, and ZIP code. For a foreign address, see instructions.       City, town or post office, state, and ZIP code. For a foreign address, see instructions.       WYOMISSING, PA 19610         Enter the Return Code for the return that this application is for (file a separate application for each return)       Application       Return         Application       Return       Application       Is For         Form 990 or Form 990-EZ       01       Form 990-T (corporation)         Form 4720 (individual)       03       Form 4720 (other than individual)         Form 990-FF       04       Form 5227         Form 990-T (sec. 401(a) or 408(a) trust)       05       Form 6069         Form 990-T (trust other than above)       06       Form 8870         THE ORGANIZATION - 1730 CONESTOGA ROAD, PO BOX 42       Cone State S	/1911
return. See instructions.       C/ O TREE THE       1550 DRORDERDENDENDENDERDENDENDENDENDENDENDENDENDENDENDENDENDEND	
Instructions.       City, town or post office, state, and ZIP code. For a foreign address, see instructions.         WYOMISSING, PA 19610         Enter the Return Code for the return that this application is for (file a separate application for each return)         Application       Return       Application         Is For       Code       Is For         Form 990 or Form 990-EZ       01       Form 990-T (corporation)         Form 990-BL       02       Form 1041-A         Form 990-PF       04       Form 5227         Form 990-T (sec. 401(a) or 408(a) trust)       05       Form 6069         Form 990-T (trust other than above)       06       Form 8870	
ApplicationReturnApplicationIs ForCodeIs ForForm 990 or Form 990-EZ01Form 990-T (corporation)Form 990-BL02Form 1041-AForm 4720 (individual)03Form 4720 (other than individual)Form 990-PF04Form 5227Form 990-T (sec. 401(a) or 408(a) trust)05Form 6069Form 990-T (trust other than above)06Form 8870	
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Form 990 or Form 990-EZ         01         Form 990-T (corporation)           Form 990-BL         02         Form 1041-A           Form 4720 (individual)         03         Form 4720 (other than individual)           Form 990-PF         04         Form 5227           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870	Return
Form 990-BL         02         Form 1041-A           Form 4720 (individual)         03         Form 4720 (other than individual)           Form 990-PF         04         Form 5227           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870	Code
Form 4720 (individual)         03         Form 4720 (other than individual)           Form 990-PF         04         Form 5227           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870	07
Form 990-PF         04         Form 5227           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870	08
Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870	09
Form 990-T (trust other than above) 06 Form 8870	10
	11
THE ORGANIZATION - 1730 CONESTOGA ROAD, PO BOX 42	12
<ul> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole g box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the exten</li> <li>1 I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization the organization named above. The extension is for the organization's return for: ▶ calendar year or ▶, and ending, and ending</li> <li>2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return</li> </ul>	sion is for.
3a       If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less       3a       \$         any nonrefundable credits. See instructions.       3a       \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b	^
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by	0.
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$	
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879 instructions.	0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

# TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

### FOR THE YEAR ENDING

JUNE 30, 2020

### PREPARED FOR:

THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425

### PREPARED BY:

RKL LLP 1330 BROADCASTING ROAD, PO BOX 7008 WYOMISSING, PA 19610-6008

### AMOUNT OF TAX:

**BALANCE DUE OF \$150** 

### MAKE CHECK PAYABLE TO:

COMMONWEALTH OF PENNSYLVANIA

## MAIL TAX RETURN TO:

BUREAU OF CHARITABLE ORGANIZATIONS 207 NORTH OFFICE BUILDING HARRISBURG, PA 17120

### **RETURN MUST BE MAILED ON OR BEFORE:**

MAY 17, 2021

### SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

A COMPLETED AND SIGNED COPY OF THE FEDERAL FORM 990 (AND ALL APPLICABLE ATTACHMENTS) MUST BE INCLUDED WITH FORM BCO-10.

WE RECOMMEND THAT YOU SEND THE ENCLOSED FORM TO THE TAXING AUTHORITIES BY CERTIFIED MAIL WITH A REQUEST FOR A RETURN RECEIPT. PLEASE RETAIN THE RECEIPT AS PROOF OF TIMELY FILING.

Mail to: Pennsylvania Department of State Bureau of Corporations and Charitable Organizations 207 North Office Building Harrisburg, PA 17120 See www.dos.pa.gov/charities for more information	Charitable Organization Registration Statement BCO-10 (rev. 8/2017) Fee: See instructions
Read all instructions p	rior to completing form.
Certificate number: 26198 (N/A if initial registration) Fiscal year ended: 06/30/2020 MM DD YYYY	If this is a voluntary registration, check and complete the applicable box(es). For a registration to be voluntary, at least one of the following must apply:
FEIN: <u>23-2971911</u>	Organization does not solicit contributions in Pennsylvania
1. Legal name of organization: THE MILL AT ANSE	LMA PRESERVATION AND EDUCATIONAL TRUST
Check if name change and give previous name	
2. All other names used to solicit contributions:	
NONE	
<ul> <li>Gontact person: <u>FRANK MERCURIO</u>, <u>TREASUR</u></li> <li>Physical address of organization:</li> </ul>	ER Contact's E-mail: DOGWOODS56@COMCAST.NET Mailing address: (If different than physical)
1730 CONESTOGA ROAD, PO BOX 42	
CHESTER SPRINGS	
PA 19425	
County: CHESTER	Phone number: 610-827-1906
800 number:	Fax number: 610-827-7345
Email (if different than Contact's email):	
Website: WWW.ANSELMAMILL.ORG	
5. Type of organization (e.g. non-profit corporation, unincorpo	rated association, etc.):
Where established: PENNSYVLANIA	Date established:* 07/01/1998
*Initial registrants must submit copies of organizational documents	such as charter, articles of incorporation,

constitution or other organizational instrument and by-laws.

### THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST

6. Name and addresses of all offices, chapters, branches, auxiliaries, affiliates or other subordinate units located in Pennsylvania, which share in the contributions or other revenue raised in the Commonwealth: (Attach a separate sheet if necessary)

#### THE MILL AT ANSELMA OFFICE

### 1730 CONESTOGA ROAD, CHESTER SPRINGS, PA 19425

610-827-1906

**7.** Short form registration applicability - Specified types of charitable organizations described in §162.7(a) of the Act may file a short form registration, which permits the organization to register without filing a financial report. Check the section that describes the organization. If the organization does not meet any of the criteria below for short form registration, check "Not Applicable":

§162.7(a)(1) - Persons or organizations which solicit contributions for the relief of a specific individual, when all of the contributions collected are turned over to the named beneficiary for his/her use without any deductions and provided that all contributions collected shall be held in trust

\$162.7(a)(2) - Organizations which only solicit within the membership of the organization by other members of the organization. The term "membership" shall not include those persons who are granted a membership solely upon making a contribution as the result of solicitation. "Member" means a person having membership in a nonprofit corporation, or other organization, in accordance with the provisions of its articles of incorporation, bylaws or other instruments creating its form and organization and having bona fide rights and privileges in the organization such as the right to vote, to elect officers and directors, to hold office or position as ordinarily conferred on members of such organizations.

§162.7(a)(3) - Organizations which receive gross contributions of no more than \$25,000 per fiscal year whose fundraising activities are carried on only by volunteers, members, officers or permanent employees and only permanent employees are compensated for those fundraising activities

§162.7(a)(4) - Veterans organizations chartered under Federal law, organizations of volunteer firemen, ambulance associations, rescue squad associations and their auxiliaries or affiliates, which are not exempt from registration, did not receive gross contributions in excess of \$100,000 and did not use a professional solicitor.

#### X Not Applicable

Charitable organizations which check boxes §162.7(a)(1) - §162.7(a)(4) are not required to file a financial report with this registration. If <u>"Not Applicable" is checked, the charitable organization</u> <u>must submit financial reports which are audited, reviewed, compiled or internally prepared. See</u> Instructions.

	Items 8 and 9 are required to be completed by initi	al regis	trants	s only
8.	Date organization first solicited contributions from Pennsylvania residents:			
	Other	MM	DD	ΥΥΥΥ
9.	If organization solicited Pennsylvania residents and received gross* contribut \$25,000 in any given fiscal year, provide the date the organization first receiv		-	
	than \$25,000.			
	than \$25,000. Other	MM	DD	ΥΥΥΥ

23-2971911
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10.	23-297191 THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST Has the organization been granted IRS tax-exempt status? X Yes No
	A. If "Yes," under which IRS code section: <u>501(C)(3)</u> and attach a copy of the IRS exemption letter if not previously submitted.
	B. Has the organization's tax-exempt status ever been denied, revoked or modified? Yes X No (If "Yes," attach a copy of the denial, revocation or modification and subsequent reinstatement, if any, and if not previously submitted.)
11.	Was the organization required to file any type of IRS 990 return, including 990, 990EZ, 990PF or 990N and applicable schedules, for its most recently completed fiscal year? X Yes No
	(If "Yes," attach a copy of the most recently filed 990, 990EZ, 990PF or 990N and include all schedules. If "No," attach an explanation of why the organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return or an organization that files a 990N, 990EZ or 990PF, must file a Pennsylvania public disclosure form (BCO-23).)
12.	Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.):
	LETTERS, PHONE CALLS, PERSONAL VISITS, WEBSITE, FUNDRAISERS.
13.	A clear description of the specific programs for which contributions are used or will be used, and a statement describing whether such programs are planned or in existence.
	EDUCATION LAB: THE MILL TRUST CREATED A HANDS-ON EDUCATIONAL SPACE IN ITS CHICKEN COOP STRUCTURE TO SUPPORT THE SCHOOL TOURS AND MILLING DEMONSTRATIONS. THE SPACE IS DESIGNED TO TEACH STUDENTS ABOUT THE HISTORY OF AGRICULTURE IN CHESTER COUNTY AND THE USE OF SIMPLE MACHINES IN THE MILLING INDUSTRY, SUPPORTING PENNSYLVANIA CURRICULUM STANDARDS. THIS PROGRAM IS IN EXISTENCE.
14.	Is the organization registered to solicit contributions in any other state or municipality?
15.	Is any person compensated, or does the organization intend to compensate any person, who solicits contributions in
	Pennsylvania, including, but not limited to, employees of the organization and professional solicitors? (Do not check "Yes" if the organization only uses or intends to only use a professional fundraising counsel.)
	If "Yes," give the date the person or entity started or will start soliciting contributions from Pennsylvania residents: $\frac{07/01/2002}{Month}$
16.	Names, addresses, and telephone numbers of all professional solicitors the organization uses or intends to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates Pennsylvania residents were first solicited, or will be solicited: (Attach a separate sheet if necessary)
	SEE STATEMENT 1

# THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST

**17.** Names, addresses, and telephone numbers of all professional fundraising counsel the organization uses or intends to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach a separate sheet if necessary)

ames, addresses, and telephone numbers of any commercial coventurers under contract with the organization: ttach a separate sheet if necessary)				
tracina separate sheet in necessary)				
ONE				
the registering charity is a parent organization located in Pennsylvania, does the organization elect to file a combined gistration covering all of its Pennsylvania affiliates? ee note "Affiliate and Parent Organization") Yes No X Not Applicable				
"Yes," give all names and certificate numbers of the affiliate organizations: ach affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group turn and file a public disclosure form (BCO-23) for each affiliate.)				
the registering charity a Pennsylvania affiliate of a parent organization, which elected to file a combined registration the registering charity's behalf? (See note "Affiliate and Parent Organization") Yes X No Not Applicable				
"Yes," provide the name and, if available, certificate number of the parent organization. ach affiliate whose parent organization files an IRS 990 group return must submit a copy of the parent organization's 990 group return d file a public disclosure form (BCO-23) for each affiliate.)				
gal name of parent organization Pennsylvania certificate number				
Provide the names and addresses of all officers, directors, trustees and principal salaried executive staff officers. (Attach separate sheet if necessary. A reference to the 990 or the BCO-23 is not sufficient.)				
SEE STATEMENT 3				
DEE DIRIEMENT J				

22. Names of the individuals or officers of the organization who: (Attach a separate sheet if necessary)

A. Are in charge of solicitation activities:

#### SEE STATEMENT 4

B. Have final responsibility for the custody of contributions:

### FRANK MERCURIO, TREASURER

### 1730 CONESTOGA ROAD CHESTER SPRINGS, PA 19425

C. Have final responsibility for final distribution of contributions:

#### BOARD OF DIRECTORS

### 1730 CONESTOGA ROAD CHESTER SPRINGS, PA 19425

D. Are responsible for custody of financial records:

#### FRANK MERCURIO, TREASURER

### 1730 CONESTOGA ROAD CHESTER SPRINGS, PA 19425

**23.** Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

Α.	Any other officer, director, trustee, or employee?	Yes	Х	No

- B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? \*\* Yes X No
- C. Any officers, agents or employees of any supplier or vendor providing goods or services? \*\*

## Yes X No

\*\*(this includes any officer, director, trustee, or employee of the charitable organization who is also an officer, director, trustee, employee or owner of a professional fundraising counsel, professional solicitor, supplier or vendor)

If "Yes" is checked to any of the above, attach a list of related individuals including names, business, and residence addresses of related parties.

- 24. Has the organization or any of its present officers, directors, executive personnel or trustees ever:
  - A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or currently has such proceedings pending in this or any other jurisdiction? Yes X No
  - B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency?
  - C. Entered into any legally enforceable agreement (such as a consent agreement, an assurance of voluntary compliance or discontinuance or any similar agreement) with any district attorney, Office of Attorney General, or other local or state governmental agency?
     Yes X No

(If "Yes" is checked in response to any of the above, attach a written explanation, including the reasons for actions, and copies of all relevant documents.)

#### Certification - This registration statement must be signed by two different officers of the organization, one of whom

THE MILL AT ANSELMA PRESERVATION AND EDUCATIONAL TRUST

shall be the chief fiscal officer or the equivalent.

I certify that the information provided in this registration, including all statements and attached documentation, is true and correct to the best of my knowledge, information and belief. I understand that the falsification of any statement or documentation made is subject to the penalties of 18 Pa.C.S. §4904 (relating to unsworn falsification to authorities) and 10 P.S. §162.17 (relating to administrative enforcement and penalties).

Signature of Chief Fiscal Officer	Date	
FRANK MERCURIO, TREASURER		
Type or print name and title of Chief Fiscal Officer		
Signature of Other Authorized Officer	Date	
FONTE HOLLING CHATOMAN		

#### ERNIE HOLLING, CHAIRMAN

Type or print name and title of Other Authorized Officer

Checklist for registration:				
X	Completed registration statement properly signed and dated.			
X	A copy of the IRS 990/990EZ/990PF/990N Return and required schedules, signed and dated by an authorized officer			
	Public Disclosure Form BCO-23 (if required)			
X	Applicable Financial Statements (audited, reviewed, compiled or internally prepared)			
X	Registration fee and any late filing fees			
	Initial Registrants Only: IRS determination letter, articles of incorporation or charter and by-laws.			
See Instructions for more information on completing this form and attachments.				

### 23-2971911

FORM BCO-10	ALL PROFESSIONA	L SOLICITORS	STATEMENT 1
NAME AND ADDRESS			PHONE NUMBER
NONE			
CONTRACT BEGIN DATE	CONTRACT END DATE	SOLICIT DATE	
FORM BCO-10	PROFESSIONAL FUNDR	AISING COUNSELS	STATEMENT 2
	PROFESSIONAL FUNDR	AISING COUNSELS	STATEMENT 2 PHONE NUMBER
FORM BCO-10 NAME AND ADDRESS CATCH3CONSULTING PO BOX 636 DREXEL HILL, PA 19026	PROFESSIONAL FUNDR	AISING COUNSELS	
NAME AND ADDRESS CATCH3CONSULTING PO BOX 636	PROFESSIONAL FUNDR	AISING COUNSELS	

NAME AND ADDRESS	TITLE
ERNIE HOLLING 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425	CHAIR
NAME AND ADDRESS	TITLE
DAVID ROLLENHAGEN, PHD (EFF. 4/1/18) 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425	VICE-CHAIR, EXEC DIRECTOR
NAME AND ADDRESS	TITLE
SARAH OWENS 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425	SECRETARY

THE MILL AT ANSELMA PRESERVATION AND EDU	
NAME AND ADDRESS	TITLE
FRANK MERCURIO (EFF FEB. 2020) 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425	TREASURER
NAME AND ADDRESS	TITLE
MATT BROWN 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425	BOARD MEMBER
NAME AND ADDRESS	TITLE
CHRIS BUTCHKOSKI 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425	BOARD MEMBER
NAME AND ADDRESS	TITLE
PAUL HAMMILL 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425	BOARD MEMBER
NAME AND ADDRESS	TITLE
DONALD LUCE 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425	BOARD MEMBER
NAME AND ADDRESS	TITLE
DAVE MAGROGAN 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425	BOARD MEMBER
NAME AND ADDRESS	TITLE
CHARLIE ORLANDO 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425	BOARD MEMBER
NAME AND ADDRESS	TITLE
STEPHEN RHOADS, ESQ 1730 CONESTOGA ROAD, PO BOX 42 CHESTER SPRINGS, PA 19425	BOARD MEMBER

### FORM BCO-10 IN CHARGE OF SOLICITATION ACTIVITIES

STATEMENT 4

#### NAME AND ADDRESS

DAVID ROLLENHAGEN, ACTING EXECUTIVE DIRECTOR 1730 CONESTOGA ROAD CHESTER SPRINGS, PA 19425

NAME AND ADDRESS

BOARD OF DIRECTORS 1730 CONESTOGA ROAD CHESTER SPRINGS, PA 19425