990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the	2022 calendar year, or tax year beginning $10/01/22$, and ending 0.9	9/30/23									
В	Check if app	plicable: C Name of organization Cumberland Valley Rails to Tra	ails	D Employer	identification number							
	Address ch	range Council, INC.										
$\overline{\Box}$	Name chan	Doing business as		**-*	**0981							
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon								
\Box	Initial return Final return			111-	860-0444							
	terminated	De la company de la contraction de la contracti			an completely completely							
П	Amended re	Shippensburg PA 17257-0531		G Gross rece	eipts 207,195							
		P Name and address of principal officer:	H(a) Is this a	group return for su	ubordinates? Yes X No							
Ш	Application	TODGE C DCIMITATORII	22 22	And the	Ä Ä							
		1309 Woodward Drive	100 To 1 T	ubordinates inclu								
		Carlisle PA 17013	If "N	o," attach a list.	See instructions							
1	Tax-exemp		527									
<u>J</u>	Website:			xemption numbe	r .							
K	Form of org	ganization: X Corporation Trust Association Other	L Year of formation:	1990	M State of legal domicile: PA							
_P	art I	Summary										
	1 B	riefly describe the organization's mission or most significant activities:										
ø		To promote the establishment of multi-use public	recreation tra	ails,								
Governance	8.4	primarily along abandoned railroad right-of-ways located throughout the										
ž		Cumberland Valley region of Pennsylvania.										
0	2 C	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
	1	lumber of voting members of the governing body (Part VI, line 1a)	5 than 20 /0 of its fiet ass	3	14							
S &		lumber of independent voting members of the governing body (Port VII line 1b)			14							
Activities		otal number of individuals ampleyed in calendary are 2002 (Part V. line 25)		-	0							
냕	4000 100012	otal number of volunteers (estimate if necessary)			0							
Ř		otal unrelated business revenue from Part VIII, column (C), line 12										
	1				0							
_	N G	let unrelated business taxable income from Form 990-T, Part I, line 11	Prior Y	7b	Current Year							
Revenue	8 C	contributions and grants (Part VIII, line 1h)		91,949	190,303							
		rogram service revenue (Part VIII, line 2g)		11,323	190,303							
Ver		estment income (Part VIII, column (A), lines 3, 4, and 7d)		252	1,358							
Re		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,375								
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		_	15,534							
				04,576	207,195							
	200000	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0							
		enefits paid to or for members (Part IX, column (A), line 4)			0							
cpenses		alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0							
ens		rofessional fundraising fees (Part IX, column (A), line 11e)			0							
Exp		(), 20/)	20 700	004 450							
ш	1	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		30,702	234,179							
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		30,702	234,179							
_ v	19 R	levenue less expenses. Subtract line 18 from line 12		26,126	-26,984							
Net Assets or Fund Balances	20 T	atal accets (Part V. line 46)	Beginning of C		End of Year							
Asse	20 T	otal assets (Part X, line 16)		57,193	5,348,708							
vet/	21 To	otal liabilities (Part X, line 26)		33,459	341,958							
		let assets or fund balances. Subtract line 21 from line 20	4,92	23,734	5,006,750							
_	art II	Signature Block										
UI	nder pena	alties of perjury, I declare that I have examined this return, including accompanying schedules a ct, aศูติ complete. Declaration o <u>f prep</u> arer (othe ศ han officer) is based on all information of whic	and statements, and to the	best of my kn	owledge and belief, it is							
	T	ct, and complete. Decidation of purplate (other dian officer) is based on all information of which	in preparer has any knowled	uge.								
٠.		Construction of the second	****									
Sig	,	Signature of officer		Date								
He		Robert Schmidlein Treas	urer									
_		Type or print name and title	· ·									
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN							
Paid		Arlene R Graver Arlene R Graver Ullan	Man 11/0	7/23 self-em								
		Firm's name Sandra Pipers Tax Service		Firm's EIN	**-***9549							
Use	Only	99 Campground Rd										
		Firm's address Carlisle, PA 17015		Phone no.	717-243-0366							
May	the IRS	S discuss this return with the preparer shown above? See instructions			X Yes No							

) (Revenue \$

42,879 including grants of \$

85,125

(Expenses \$

4e Total program service expenses

Part IV Checklist of Required Schedules

9-	art iv Checklist of Required Otherwise			
1	Is the organization described in section E01/oV2) or 4047/oV4) (other than a private foundation) 2 /f ((Va. 1)		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		v	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1	X	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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			2000
44	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,			
2	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	X	
J	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			37
С		11b		X
<u> </u>	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	14.		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		
	Schedule D, Parts XI and XII	12a		Х
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		X
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			
45	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			00 10000
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	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			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		_X_
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	1.0		37
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u>X</u>
	If "Yes," complete Schedule G, Part III	40		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>X</u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		-22
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
DAA			990	(2022)

Pa	art IV Checklist of Required Schedules (continued)			-9
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the 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 the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а				
	"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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			202
	"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			
0.4	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,"			
33	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			37
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	X
54	or IV, and Part V, line 1	24		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
-	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	332		
	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 on Schedule O for Part VI, lines 11b and	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Pa	art 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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	10		v

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)		Y	es No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	T	2		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ity over,		
	a financial account in a foreign country (such as a bank account, securities account, or other financial			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	Accour	nts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne		10.6	
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts were not tax deductible?			6b	
7	Organizations that may receive deductible contributions under section 170(c).				
а	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as			
	required to file Form 8282?			7c	
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 of	ontrac	t?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	e a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by t	ne		
	sponsoring organization have excess business holdings at any time during the year?			8	
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:	r	1		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_	
11	Section 501(c)(12) organizations. Enter:	ř	ĩ		
а	Gross income from members or shareholders	11a		_	
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
10200±00	against amounts due or received from them.)	11b		_	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I	?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		_	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	
L	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	1		
_	the organization is licensed to issue qualified health plans	13b			
C 140	Enter the amount of reserves on hand	13c			37
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	X
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			14b	_
13	excess parachute payment(s) during the year?			45	
	If "Yes," see instructions and file Form 4720, Schedule N.			15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco-	202	46	x
. •	If "Yes," complete Form 4720, Schedule O.	LIIICON	IC:	16	^
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ	vities.			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	
	If "Yes," complete Form 6069.			" "	

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

Sec	ction 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 14	4		
	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			
L	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			10000000
	one or more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
ь	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			
<u></u>	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
40-	Did the acceptable to the first of the first		Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			4,04,000
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
13	describe on Schedule O how this was done	12c		
14	Did the organization have a written whistleblower policy?	13		X
15	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
2	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official			
a b	Other officers or key employees of the organization	15a		_X_
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		X
16a				
Iua	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		_X_
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Sec	tion C. Disclosure	16b		
17				
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) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	obert Schmidlein 1309 Woodward Drive			
	micals	_061		111

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

		1	100) ()	11011 0011	pensated any current office	or, director, or trustee.	
(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	ition more rson i	than one is both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Garrett Stahlman									
President	0.00	x		х			0	0	0
(2) Jean Spears									
	0.00								
Vice President	0.00	X		Х			0	0	0
(3) Paul Taylor									
_	0.00								
Secretary	0.00	X		Х			0	0	0
(4) Robert Schmidle								-	
	0.00								
Treasurer	0.00	X		Х			0	0	0
(5) Ed Hicks									
	0.00								
Board Director	0.00	X					0	0	0
(6) James Mader									
	0.00								
Board Director	0.00	X					0	0	0
(7) Eric Deardon									
	0.00	3.5							
Board Director	0.00	X					0	0	0
(8) Allen Dieterick-									
	0.00								
Board Director	0.00	X					0	0	0
(9) Tanya Nitterhous									
	0.00								
Board Director	0.00	X					0	- 0	0
(10) James Stanton									
9 371477437447744714774471477477	0.00					1			
Board Director	0.00	X					0	0	0
(11)Sheri Flohr	100								
	0.00							50	
Board Director	0.00	X					0	0	0
									Form 990 (2022)

Section A. Officers, Directors, Trustees, key Employees, and Highest Compensated Employees (continuent) (A) (B) (B) (C) (C) (C) (C) (C) (C	Form 990 (2022) Cumberlar Part VII Section A. Officers												Pag	е
Picket P	(A)	(B) Average hours	Position (do not check more than of box, unless person is both				than o	one (D) h an Reportable		(E) Reportable compensation		Estimated amount		
Board Director 0.00 X 0 0 0 Competency		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	0	from th	e n and	
Board Director 0.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(12) Jack Erickson	The same and the s												
Board Director 10			х						0	0				(
Board Director 0.00 X 0.00 X 0.00 O 1b Subtotal 1c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 1 Total number of individuals ideated nor the enganization O 1 Total number of individuals including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization O 1 Total number of individuals including the state of the such individual section in the 1s, as the sum of reportable compensation from the state of the such individual section in the 1s, as the sum of reportable compensation from the sum of reportable compensation and other compensation from the sum of reportable compensation and other compensation from the sum of reportable compensation from any unrelated organization or individual sum of the sum of reportable compensation from any unrelated organization or individual sum of the sum	Board Director	0.00	x						0	0				(
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization of the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization and related organization and related organization or individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization of services.		0.00	x						0	0				(
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address (B) Description of services (C) Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	4 For any individual listed on line organization and related organ	e 1a, is the sum	of re	porta	able	com	pens	ation	n and other compensation omplete Schedule J for suc	from the ch				
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Name and business address Description of services Compensation Compensation Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	1 Complete this table for your fiv	e highest compe	ensat	ted i	ndep	end	ent c	ontra	actors that received more t	han \$100,000 of				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	Name and	(A) business address	mpe	ensat	ion t	or tr	ne ca	lend	ar year ending with or with	in the organization's tax ye (B) ion of services	ar.	Com	(C)	_
received more than \$100,000 of compensation from the organization 0									Second	on or services		Comp	pensation	
received more than \$100,000 of compensation from the organization 0														
received more than \$100,000 of compensation from the organization 0														
received more than \$100,000 of compensation from the organization 0	2. Tatalan di Ciri													
	received more than \$100,000 c	ontractors (inclu of compensation	ding from	but in the	not li orga	imite aniza	ed to t	thos	e listed above) who	0		-	000	

-*0981 Form 990 (2022) Cumberland Valley Rails to Trails Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Related or exempt (C) Unrelated (D) Revenue excluded Total revenue from tax under sections 512-514 function revenue business revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 6,087 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, 1f 184,216 and similar amounts not included above g Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f 190,303 **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1,358 1,358 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a b Less: cost or other Other Revenue 7b basis and sales exps. c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** scellaneous Revenue 15,534 11a 15,534 Special Events d All other revenue Total. Add lines 11a-11d 15,534

207,195

15,534

1,358

0

Total revenue. See instructions

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		s Part IX		X
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				3000
	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,				
5	013 2014 (2010) ■ NEW YORK (2010) (2014) (2				
•	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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management			H	
b	Legal				
С	Accounting	750		750	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
J	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,542		2,542	
13	Office expenses	1,094		1,094	
14	Information technology			'	
15	Devellier				
16	Occupancy				
17					
	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
	Payments to affiliates				
21	Depreciation, depletion, and amortization	85,125	85,125		
22		3,519	03,123	3,519	
23	Insurance Characteristic evaporation and approach	3,319		3,313	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If			257	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	44,815		44,815	
а					
b		29,052		29,052	
С	Middle Springs Greenway	19,240		19,240	
d	Franklin County Extension	17,717		17,717	
е	All other expenses	30,325		30,325	
25	Total functional expenses. Add lines 1 through 24e	234,179	85,125	149,054	0
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)				

	Check if Schedule O contains a response or	r note to a	iny line ii	this Part X					
					(A) Beginning of year		(B) End of year		
1	Cash—non-interest-bearing				101,227	1	71,997		
2	Savings and temporary cash investments				254,180	2	249,774		
3	Pledges and grants receivable, net					3			
4	A security respirately most				650	4	7,000		
5		Loans and other receivables from any current or former officer, director,							
	trustee, key employee, creator or founder, substan	ntial contri	ibutor, o	35%					
	controlled entity or family member of any of these	persons				5			
6	Loans and other receivables from other disqualified	d persons	s (as def	ined					
	under section 4958(f)(1)), and persons described i	(3)(B)		6					
7	Notes and loans receivable, net			7					
8	Inventories for sale or use					8			
9	Prepaid expenses and deferred charges					9			
10a	Land, buildings, and equipment: cost or other								
	basis. Complete Part VI of Schedule D	1	0a	5,517,258					
b	Less: accumulated depreciation	1	0b	497,321	4,701,136	10c	5,019,937		
11	Investments—publicly traded securities			11					
12	Investments—other securities. See Part IV, line 11			12					
13	Investments—program-related. See Part IV, line 1	Investments—program-related. See Part IV, line 11							
14	Intangible assets					14			
15	Other assets. See Part IV, line 11					15			
16	Total assets. Add lines 1 through 15 (must equal	line 33) .			5,057,193		5,348,708		
17	Accounts payable and accrued expenses					17			
18	Grants payable			18					
19	Deferred revenue		133,459	19	341,958				
20	Tax-exempt bond liabilities			20					
21	Escrow or custodial account liability. Complete Pa			D		21			
22	Loans and other payables to any current or former			N-400000000	Y				
22	trustee, key employee, creator or founder, substar		ributor, o	r 35%					
	controlled entity or family member of any of these					22			
23	Secured mortgages and notes payable to unrelate		0.4.1			23			
24	Unsecured notes and loans payable to unrelated t					24			
25	Other liabilities (including federal income tax, paya								
	parties, and other liabilities not included on lines 1	17-24). Co	omplete	Part X		25			
	of Schedule D				133,459	25 26	341,958		
26	Total liabilities. Add lines 17 through 25		X		133,439	26	341,930		
	Organizations that follow FASB ASC 958, chec	ck nere	Λ						
27	and complete lines 27, 28, 32, and 33.				4,813,734	27	4,896,750		
27	Net assets without donor restrictions Net assets with donor restrictions				110,000		110,000		
20	Organizations that do not follow FASB ASC 95	58 check	horo	1	110,000	20	110,000		
	and complete lines 29 through 33.	_							
27 28 29 30 31 32						29			
30		inment fi	ınd			30			
31		Retained earnings, endowment, accumulated income, or other funds							
	notamou carrings, chaowinent, accumulated mot	5.11c, 01 U	··		31				
32	Total net assets or fund balances				4,923,734	32	5,006,750		

Form **990** (2022)

Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

3a

3b

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Cumberland Valley Rails to Trails Council, INC.

Employer identification number **-***0981

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	•					
Caler	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	60,114	52,710	97,160	91,949	190,303	492,236
2	Tax revenues levied for the organization'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	60,114	52,710	97,160	91,949	190,303	492,236
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						492,236
	tion B. Total Support						_
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	60,114	52,710	97,160	91,949	190,303	492,236
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,459	1,688	398	252	1,358	5,155
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						497,391
12	Gross receipts from related activities, etc.	(see instructions)				12	27,909
13	First 5 years. If the Form 990 is for the or	ganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Su	upport Percent	age				
14	Public support percentage for 2022 (line 6	, column (f) divided	l by line 11, colum	n (f))		14	98.96%
15	Public support percentage from 2021 Sch	edule A, Part II, line	e 14			15	98.75%
16a	33 1/3% support test—2022. If the organ	ization did not ched	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	check this	
	box and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			X
b	33 1/3% support test—2021. If the organ	ization did not ched	ck a box on line 13	3 or 16a, and line 1	5 is 33 1/3% or m	ore, check	
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—202						
	10% or more, and if the organization mee				S		
	Part VI how the organization meets the fa organization	cts-and-circumstan	ces test. The orga	nization qualifies a	as a publicly supp	orted	
b	10%-facts-and-circumstances test—203			CONTRACTOR STATE OF THE STATE OF			
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the	facts-and-circumst	ances test. The or	rganization qualifie	es as a publicly su	pported	
02752	organization			<u></u> <u></u>			
18	Private foundation. If the organization di instructions						

Page 3

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.)

Sac	tion A. Public Support	quality under ti	ile tests listed t	ociow, picase c	ompiete i art i	1. /	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(4) 2021	(=) 2022	(6) T-4-1
1	Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2019	(6) 2020	(d) 2021	(e) 2022	(f) Total
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	,					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)				5		
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6		(-,	(3) = 32	(4) 2021	(0) 2022	(i) rotal
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	_					
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the organization, should be because of the property of t		second, third, fourt	h, or fifth tax year	as a section 501(c	:)(3)	
200	organization, check this box and stop here						
delection	tion C. Computation of Public Su						
15 46	Public support percentage for 2022 (line 8	, column (f), divide	ed by line 13, colur	nn (f))			%
16 Soo	Public support percentage from 2021 Sche			******			%
20.359	tion D. Computation of Investme						
17	Investment income percentage for 2022 (li	ne 10c, column (f)), divided by line 1:	3, column (f))			%
	Investment income percentage from 2021 S				******	18	%
134	33 1/3% support tests—2022. If the organ	nization did not ch	eck the box on line	14, and line 15 is	more than 33 1/3	%, and line	
h	17 is not more than 33 1/3%, check this bo	ox and stop here.	ine organization	qualifies as a publi	cly supported orga	anization	
D	33 1/3% support tests—2021. If the organize 18 is not more than 33 1/3%, check the	is how and stop b	eck a box on line	ion qualifies as a	ine 16 is more th	an 33 1/3%, and	
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did	t not check a how	ere. The organizat	10h charles as a p	oublicly supported	organization	
	Private foundation. If the organization did	THOU CHECK a DOX (on line 14, 19a, or	190, check this bo	x and see instruct	ions	

Schedule A (Form 990) 2022 Part IV **Supporting Organizations**

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

S

ect	ion A. All Supporting Organizations	ipiete i art	v .)	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	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.	6		
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			
127	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
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.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
I O c	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
l0a	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 line 10b below.	10a		I

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.)

Page 5

Par	t IV Supporting Organizations (continued)			9
, ai	Comporting Organizations (continued)		Yes	No No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	. 10		
	provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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		
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		
Secti	ion C. Type II Supporting Organizations			96 () Sent () - 1
			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		
Secti	ion 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		
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		
3	By reason of the relationship described on line 2, above, 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			
	supported organizations played in this regard.	3		
	ion 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 instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	(ctions		
2	Activities Test. Answer lines 2a and 2b 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	0.		
h	that these activities constituted substantially all of its activities.	2a		
b				
	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			
2	have engaged in these activities but for the organization's involvement. Parent of Supported Organizations, Answer lines 3a and 3h holow.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	game, appearance of the construction of the construction of			
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	21		
	or its supported organizations: it i res, describe iii raft vi the fole played by the organization in this regard.	3b		

Schedu	ule A (Form 990) 2022 Cumberland Valley Rails to	Tra:	ils **-***0	981 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in Part VI). S	See
	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
g 15	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
.6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Гуре II	I supporting organization	•
	(see instructions).	776623	9009 90T6 E9	

Schedule A (Form 990) 2022

i Carryover from 2017 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

a Applied to underdistributions of prior yearsb Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2023. Add lines 3j

4 Distributions for 2022 from Section D, line 7:

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2018

b Excess from 2020

c Excess from 2021

d Excess from 2021

e Excess from 2022

Sched Par	t V Type III Non-Functionally Integrated 509(a)(3)			*09	981 Page
Sec	ion D – Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	oses		1	
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide de	tails in Part VI)		5	-
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C. line 6		110 2022		Amount for 2022
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required–explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020			-	
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years		M		
	Applied to 2022 distributable amount				

Schedule A (Form 990) 2022

Part VI

Schedule A (Form 990) 2022

1	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
G1 -	
Supple	mental Information
xxxxx	*X
f and international	
,	
:	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Cumberland Valley Rails to Trails **-***0981 Council, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Pa	art III Organizations Maintaining	Collections of	Art, Hi	storical T	reasures, or	Other Sim	ilar As	sets (continu	ied)	-90 -
3	Using the organization's acquisition, accessio collection items (check all that apply):										
		. 🗀									
a	Public exhibition			exchange pro	5-5						
b		e []	Other								
с 4	Provide a description of the organization's col	lections and explain	how the	v further the	organization's e	vemnt nurnes	e in Port				
7	XIII.	lections and explain	i now the	y further the	organization s e	venihr baibos	emran				
5	During the year, did the organization solicit or	receive donations	of art. his	torical treasu	res, or other sin	nilar					
	assets to be sold to raise funds rather than to								Ye	s	No
Pa	art IV Escrow and Custodial Arra										,
	Complete if the organization 990, Part X, line 21.	answered "Yes'	on For	m 990, Pa	art IV, line 9,	or reported	an am	ount o	n Form		
1a	Is the organization an agent, trustee, custodia	in or other intermed	iary for co	ontributions	or other assets r	not				-	
	included on Form 990, Part X?								Ye	s	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	ble:							
									Amount		
							1c				_
d	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f			_	
	Did the organization include an amount on Fo								Ye	S	No
	If "Yes," explain the arrangement in Part XIII. art V Endowment Funds.	Check here if the ex	xplanatior	n has been p	rovided on Part	XIII					
Г	Complete if the organization	answered "Ves"	on For	m 000 Pr	ort IV lino 10						
	Complete if the organization	(a) Current year	90.1000	Prior year	(c) Two years		Three years	hack	(e) Four	voore h	nack
1a	Beginning of year balance	(a) content year	(5)	nor your	(o) Two years	odok (d)	Thice years	Dack	(6)1 001	years	Jack
	Contributions										
	Net investment earnings, gains, and										
J	losses										
d	Grants or scholarships		4								
	Other expenditures for facilities and						***************************************				
	programs										
f	Administrative expenses										
q											
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1a	. column (a)	held as:						
а	Board designated or quasi-endowment	%	, ,	, , , ,							
b	Permanent endowment %										
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation that	are held and	administered for	or the			_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organization								3b		
	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Pa	art VI Land, Buildings, and Equip		,	000 5			000			_	
	Complete if the organization			The State of			200	Part X			
	Description of property	(a) Cost or other to	pasis	(b) Cost or		(c) Accumula			(d) Book	alue	
_	Land	(investment)		(oth		depreciation	ori	-	2 22		70=
	Land			3,3	32,785				3,33	2,	/85
D	Buildings		-								
	Leasehold improvements		-					-			
	Equipment Other	-		2 1	84,473	40"	7 221		1 60	7 .	1 5 0
	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 900 Part	X colum			49	7,321	-	1,68 5,01		
	to footaming must be	,	, , Joidii	(0), 1110 1					5,01	٠, ٠	100

	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
) Financial o	derivatives		
	eld equity interests		
) Other		* * * *	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments – Program Related.		
u	Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11c See Form 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	(a) bescription of investment	(b) book value	Cost or end-of-year market value
1)			o year mane, raide
2)			
3)			
4)			
5) 6)			
2000			
7)	A SALE OF THE SALE		
(8)			
9)	(h)		
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	1.60.4	
rail ix		on Form 000 Bort IV/ lin	a 11d Coa Form 000 Dart V line 15
	Complete if the organization answered "Yes" (a) Description	on Form 990, Part IV, IIII	
41	(a) Description		(b) Book val
2)			
(2) (3)			
2) 3) 4)			
2) 3) 4) 5)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6) (7)			
2) 3) 4) 5) 6) 7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Liabilities.		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Liabilities. Complete if the organization answered "Yes" line 25.		e 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liab		e 11e or 11f. See Form 990, Part X,
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" line 25.		
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liab		
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liab		
2) 33) 44) 55) 66) 77) 88) 99) otal. (Column Part X 1) Federal 2) 33) 44)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liab		
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal 2) 3) 4)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liab		
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal 2) 3) 4) 5)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liab		
2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liab		
2) 3) 4) 5) 6) 7) 8) 9) btal. (Column Part X 1) Federal 2) 3) 4) 5)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liab		
2) 33) 44) 55) 66) 77) 88) 99) otal. (Column Part X 1) Federal 22) 33) 44) 55) 66) 77)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liab		
2) 33) 44) 55) 66) 77) 88) 99) Part X 1) Federal 2) 33) 44) 55) 66) 77) 88) 99)	Other Liabilities. Complete if the organization answered "Yes" line 25. (a) Description of liab		

Schedule D (Fo	orm 990) 2022	Cumberland	Valley	Rails	to	Trails	**-***0981	Page 5
Part XIII	Supplemer	Cumberland ntal Information (c	ontinued)					
* * * * * * * * * * * * * * * * * * * *								

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4. XXXXX X X XXXXXX X X X X X X X X								

						3		

SCHEDULE O (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service

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

Name of the organization Cumberland Valley Rails to Trails Council, INC.

Employer identification number **-***0981

Form 990, Part III, Line 4d - All Other Accomplishments During the year, the organization focused on maintaining the 11-mile former railroad corridor in Cumberland County, PA. The trail now extends from Green Hill Road east of Newville to Earl Street in Shippensburg. Work was completed on the 2 mile portion of trail from Mcallister Church Road to Springview Road. The portion of the trail from Oakville Road to Newville was resurfaced. Engineering work continues for extension of the trail thru Shippensburg. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Subject to Board Review, then available upon request. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request. Form 990, Part IX, Line 24e - Other Expenses Description Tot/Prog Service Mot & General Fundraising South mmtn Greenway 16,302 Earl St Ext 13,275 Membership Dues \$ 607

Schedule O (Form 990) Name of the organization	le O (Form 990) 2022 the organization Employer identification nur		Page 2			
Cumberland	Valley Rai	ils to Trai	ls		**-***098	
	\$	0	\$	141	\$	0
Total				\$4.75.44.15.17.44.1.18.17.1.17.17.1		
	\$	0	\$	30,325	\$	0
2	* ******	· · · · · · · · · · · · · · · · · · ·		*******************	******* ******************	
				0.27541135771711117717171		

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	*		3 (A)			
	3					

					Page 1 of	

Form 4562

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return Go to www.irs.gov/Form4562 for instructions and the latest information.

Cumberland Valley Rails to Trails

-*0981 Council, INC. Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1,080,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,700,000 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Part II Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 37,807 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2022 17 47,318 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (q) Depreciation deduction period only-see instructions) 19a 3-year property b 5-year property C 7-year property 10-year property d 15-year property 20-year property 25-year property g 25 yrs. S/L Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L property MM S/L Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 30-year C 30 yrs. MM S/L

Summary (See instructions.)

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

Listed property. Enter amount from line 28

85,125

21

d 40-year

Part IV

S/L

21

22

MM

40 yrs.

FYE: 9/30/2023

ARG30981 Cumberland Valley Rails to Trails **-***0981 Federal Asset Report Form 990, Page 1

<u>^.sset</u>	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior 30 31 45	MACRS: Carlisle Extention Shippensburg Connector Jacobsen R-311 985 Hours	9/30/18 9/30/18 10/30/20	39,779 822,624 24,000 886,403	,	39,779 822,624 24,000 886,403		7,956 164,525 9,306 181,787	1.989 41.131 4.198 47.318
1 2 3 4 4 5 6 6 7 8 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 32 24 35 36 37 38 39 40 41 42 43	Signal Project Trail Resurfacing Trail Construction Shed	6/01/95 9/30/95 9/30/07 9/30/15 9/30/04 9/30/05 9/30/05 9/30/05 9/30/05 9/30/06 9/30/06 9/30/08 9/30/13 9/30/13 9/30/13 9/30/14 9/30/15 9/30/18 9/30/15 9/30/16 9/30/15 9/30/17 9/30/17 9/30/17 9/30/19 5/01/97 9/30/19 5/01/97 9/30/19 5/01/97 9/30/19 5/01/97 9/30/19 5/01/97 9/30/19 5/01/97 9/30/19 5/01/97 9/30/19 5/01/97 9/30/19 5/01/97 9/30/19 5/01/97 9/30/19 5/01/97 9/30/19 9/30/19 9/30/19 9/30/19 9/30/19	2,257 478,750 719,427 -2,500 82,655 459,055 6,282 1,429 16,071 87,143 35,210 529,232 25,261 25,403 36,635 6,2578 7,422 93,578 38,272 13,385 15,496 174,941 307,561 50,755 32,729 26,427 18,664 48,667 622,887 94,032 1,200 13,814 2,120 790 18,500 2,788 2,699 2,559 8,745 87,407 4,179 32,424 400,821 3,105		2,559 8,745 87,407 4,179 32,424 400,821 3,105	0 Land 0 L	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Total Other Depreciation Total ACRS and Other Depre	ciation =	4,630,855 4,630,855	-	4,630,855 4,630,855		230,409	37.807 37.807
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers - -	5,517,258 0 0 5,517,258	-	5,517,258 0 0 5,517,258		412,196 0 0 412,196	85,125 0 0 85,125

FYE: 9/30/2023

ARG30981 Cumberland Valley Rails to Trails **-***0981 AMT Asset Report Form 990, Page 1

11/07/2023 8:58 AM

- <u>Asset</u>	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr F	PerConv Meth	Prior	Current
	MACRS: Carlisle Extention Shippensburg Connector Shippensburg Station Jacobsen R-311 985 Hours	9/30/18 9/30/18 9/30/19 10/30/20	39,779 822,624 94,032 24,000 980,435	X	822,624	20 HY S/L 20 HY S/L 20 HY S/L 7 HY 200DB	7.956 164.525 13.412 9.306 195.199	1,989 41,131 4,031 4,198 51,349
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 33 34 35 36 37 38 38 39 40 40 40 40 40 40 40 40 40 40 40 40 40	Land Land Land Land Disposition Trail Planning Trail Construction Trail Planning Trail Planning Trail Planning Trail Extention Carlisle Extention Shippensburg Connector Shippensburg Connector Shippensburg Connector Carilsle Extention Oakville Shed Oakville Storage Shed Allen Road Shed Trailer John Deere Tractor Bearcat Chiper Kiosk Husqvarna Tractor Jacobson Mower Greason Road Signal Project Trail Resurfacing Trail Construction Shed Total Other Depreciation	6/01/95 9/30/95 9/30/07 9/30/04 9/30/04 9/30/05 9/30/05 9/30/05 9/30/05 9/30/06 9/30/06 9/30/07 9/30/08 9/30/11 9/30/12 9/30/13 9/30/14 9/30/15 9/30/18 9/30/15 9/30/16 9/30/18 9/30/17 5/01/97 9/30/18 9/30/17 5/01/97 9/30/18 9/30/19 9/30/19 9/30/19 9/30/19	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1,200 13,814 12,120 790 18,500 2,788 2,699 12,559 8,745 0 0 0 0	0 HY	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Total ACRS and Other Deprec	ciation	676,102	=	676,102	=	216,304	31,357
	Grand Totals Less: Dispositions and Transfe Net Grand Totals	rs .	1,656,537 0 1,656,537	-	1,643,125 0 1,643,125	- -	411,503 0 411,503	82,706 0 82,706

ARG30981 Cumberland Valley Rails to Trails **-***0981 Depreciation Adjustment Report

11/07/2023 8:58 AM

FYE: 9/30/2023

All Business Activities

Form	<u>Unit</u>	Asset	Description	Tax	AMT	AMT Adjustments/ <u>Preferences</u>
MACR	S Adj	ustments:				
Page 1 Page 1	1	30	Carlisle Extention	1,989	1,989	0
Page 1	1	31	Shippensburg Connector	41,131	41,131	0
Page 1	1	45	Jacobsen R-311 985 Hours	4,198	4,198	0
				47,318	47,318	0

ARG30981 Cumberland Valley Rails to Trails

-*0981 Future Depreciation Report FYE: 9/30/24

11/07/2023 8:58 AM

FYE: 9/30/2023

Form 990, Page 1

		Date In	_	_	2707222
Asset	Description	Service	Cost	Tax	AMT
Prior M	IACRS:				
30	Carlisle Extention	9/30/18	39,779	1.989	1,989
31 45	Shippensburg Connector Jacobsen R-311 985 Hours	9/30/18 10/30/20	822,624 24,000	41,131 2,999	41,131 2,999
			886,403	46,119	46,119
			1		
Other I	Depreciation:				
1	Land	6/01/95	2,257	0	0
2 3	Land Land	9/30/95 9/30/07	478,750 719,427	0	0
4	Land Disposition	9/30/15	-2,500	Ö	0
5	Trail Planning	9/30/04	82,655	0	0
6 7	Trail Construction Trail Planning	9/30/04	459,055	0	0
8	Trail Construction	9/30/04 9/30/05	6,282 1,429	0	0
9	Trail Planning	9/30/05	16,071	0	0
10	Trail Construction	9/30/05	87,143	0	0
11 12	Trail Planning Trail Construction	9/30/05 9/30/06	35,210	0	0
13	Trail Planning	9/30/06	529,232 25,261	0	0
14	Trail Planning	9/30/07	25,403	0	0
15	Trail Construction	9/30/08	36,635	0	0
16 17	Trail Planning Carlisle Extention	9/30/08 9/30/11	2,578 7,422	0	0
18	Carlisle Extention	9/30/11	93,578	0	0
19	Carlisle Extention	9/30/13	38,272	Ö	0
20	Carlisle Extention	9/30/14	13,385	0	0
21 22	Carlisle Extention Carlisle Extention	9/30/15 9/30/16	15,496 174,941	0	0
23	Carlisle Extention	9/30/18	307,561	0	0
24	Shippensburg Connector	9/30/13	50,755	Ö	0
25	Shippensburg Connector	9/30/14	32,729	0	0
26 27	Shippensburg Connector Shippensburg Connector	9/30/15	26,427	0	0
28	Shippensburg Connector	9/30/16 9/30/18	18,664 48,667	0	0
29	Carilsle Extention	9/30/17	622,887	31,144	31,144
32	Shippensburg Station	9/30/19	94,032	4,701	3,829
33 34	Oakville Shed Oakville Storage Shed	5/01/97	1,200 13,814	0	0
35	Allen Road Shed	9/30/08 8/31/17	2,120	0 212	0 212
36	Trailer	7/15/97	790	0	0
37	John Deere Tractor	6/17/99	18,500	0	0
38 39	Bearcat Chiper Kiosk	11/09/00 6/30/06	2,788 2,699	0	0
40	Husqvarna Tractor	3/09/12	2,559	0	0
41	Jacobson Mower	6/17/14	8,745	0	0
42	Greason Road	9/30/19	87,407	0	0
43 44	Signal Project Trail Resurfacing	9/30/19 9/30/19	4,179	0	0
46	Trail Construction	8/25/23	32,424 400,821	20,041	0
47	Shed	6/28/23	3,105	310	0
	Total Other Depreciation		4,630,855	56,408	35,185
	Total ACRS and Other Depreciation		4,630,855	56,408	35,185
	C I I I I I				
	Grand Totals		5,517,258	102,527	81,304

Form **990**

Two Year Comparison Report

10/01/22 , ending

ding 09/30/23

2021 & 2022

Name
Cumberland Valley Rails to Trails
Council INC

For calendar year 2022, or tax year beginning

Taxpayer Identification Number

	mberland Valley Rails to Trails ouncil, INC.			**-**	*0981
			2021	2022	Differences
1	. Contributions, gifts, grants	1.	83,736	184,216	100,480
2	. Membership dues and assessments	2.	8,213	6,087	-2,126
3	. Government contributions and grants	3.			
	. Program service revenue	4.			
⊏ ₅	i. Investment income	5.	252	1,358	1,106
b 6	. Proceeds from tax exempt bonds	6.			
φ 7	. Net gain or (loss) from sale of assets other than inventory	7.			
8	Net income or (loss) from fundraising events	8.			
9	Net income or (loss) from gaming	9.			
10	Net gain or (loss) on sales of inventory	10.			
11	. Other revenue	11.	12,375	15,534	3,159
12	2. Total revenue. Add lines 1 through 11	12.	104,576	207,195	102,619
13	B. Grants and similar amounts paid	13.			
14	Benefits paid to or for members	14.			
15	5. Compensation of officers, directors, trustees, etc.	15.			
16	Salaries, other compensation, and employee benefits	16.			
17	7. Professional fundraising fees	17.			
18	3. Other professional fees	18.	750	750	
	Occupancy, rent, utilities, and maintenance	19.			
20	Depreciation and Depletion	20.	85,055	85,125	70
21	Other expenses	21.	44,897	148,304	103,407
22	2. Total expenses. Add lines 13 through 21	22.	130,702	234,179	103,477
23	3. Excess or (Deficit). Subtract line 22 from line 12	23.	-26,126	-26,984	-858
24	4. Total exempt revenue	24.	104,576	207,195	102,619
25	5. Total unrelated revenue	25.		*	
26	6. Total excludable revenue	26.	12,627	16,892	4,265
26 27 27 28 29 29 30 30 30 30 30 30 30 30 30 30 30 30 30	7. Total assets	27.	5,057,193	5,348,708	291,515
5 28	B. Total liabilities	28.	133,459	341,958	208,499
29	9. Retained earnings	29.	4,923,734	5,006,750	83,016
30	Number of voting members of governing body	30.	15	14	
3	Number of independent voting members of governing body	31.	15	14	0.000
32	2. Number of employees	32.	0	0	
33	3. Number of volunteers	33.		34	

	- (3)	las retuin metory			2022
Name Cumberland Valley Council, INC.	Y Rails to Trails			Employe	Employer Identification Number
2018	201	2020	2021	2022	2023
Contributions, gifts, grants	39,971	82,303	83,736	184,216	
Membership dues	10,738	14,937	8,213	6,087	
Program service revenue					
Capital gain or loss					
Investment income	_	398	252	1,358	
Fundraising revenue (income/loss)	2,000				
Gaming revenue (income/loss)					
Other revenue			12,375	15,534	
Total revenue	54,397	97,638	104,576	207,195	
Grants and similar amounts paid					
Benefits paid to or for members					
Compensation of officers, etc.					
Other compensation					
Professional fees	009	100	750	750	
Occupancy costs					
Depreciation and depletion	79,178	82,607	85,055	85,125	
Other expenses	24,999	31,136		148,304	
Total expenses	4	114,443	130,702	234,179	
Excess or (Deficit)	-50,380	-16,805	-26,126	-26,984	
Total	п 2001	000	707	200	
Total unrelated revenue	r	4	0/C/#OT	C6T / 107	
Total evoludable revenue	1,000	808	10 607	16 000	
	100	1	127	07	
Total Assets	8	5,015,999	5,057,193	-	
Total Liabilities	9	, 99	133,	- 1	
Net Fund Balances	4,962,552	4,949,860	4,923,734	5,006,750	

ARG30981 Cumberland Valley Rails to Trails

-*0981 Federal Statements

11/7/2023 8:58 AM

FYE: 9/30/2023

<u>Tax-Exempt Interest on Investments</u>

Description						
	Amount	Unrelated Business		Postal / Code	Acquired after 6/30/75	InState Muni (\$ or %)
Interest	\$ 1,358		6			
Total	\$ 1,358					

Description	ARG30981 Cumberland Valley Rails to Trails **_***0981 FYE: 9/30/2023	to Trails Federal Statements	tements		11/7/2023 8:58 AM
scription Total Expenses Program General Service Fund General General General General General Service Fund General General General General General General General Service Fund General Ge		ĭ	- All Other Expenses		
way \$ 16,302 \$ 16,302 \$ \$ 13,775 607 \$ 5 30,325 \$ \$ 5 3	Description	Total Expenses	Program Service	Management & General	Fund Raising
	ν υ _Ψ	-	:		
			2 as + 2		

ARG30981 Cumberland Valley Rails to Trails **_***0981 FYE: 9/30/2023	to Trails Federal Statements	11/7/2023 8:58 AM
	Schedule A, Part II, Line 1(e)	
	Description	Amount
Membership Dues Bench Franklin County Extension Middle Spring Greenway Ship Station South Mountain Greenway Various Donations Earl St. Ext Total		\$ 6,087 3,540 14,000 20,000 17,987 58,730 46,684 23,275 \$ 190,303
	Schedule A, Part II, Line 8(e)	
	Description	Amount
Interest Total		\$ 1,358
	Schedule A, Part II, Line 12 - Current year	
	Description	Amount
Special Events		\$ 15,534
Total		\$ 15,534