Form	990	
Form	<b>990</b>	

# **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.

OMB No. 1545-0047 2022

		of the Treasury enue Service Go to www.irs.gov/Form990 for instructions and the	Inspection		
A For the 2022 calendar year, or tax year beginning ${ m SEP}$ $1$ , $2022$ and ending ${ m AUG}$ $31$ , $2023$					
B C a	heck if pplicab	le: C Name of organization	ation number		
	Addre	POTOMAC VALLEY AUDUBON SOCIETY, INC.			
	Name			55-062689	91
	Initial return		om/suite	E Telephone number	
		$P \cap B \cap X = 578$		681-252-2	
	termir ated			<b>G</b> Gross receipts \$	583,775.
	Amen return			H(a) Is this a group re	turn
	Applic	F Name and address of principal officer: DANA FOGLE		for subordinates	? Yes X No
	pendi	<sup>mg</sup> P.O. BOX 578, SHEPHERDSTOWN, WV 25443		H(b) Are all subordinates in	
ΙT	ax-ex	xempt status: 🚺 501(c)(3) 🚺 501(c) ( ) (insert no.) 🗌 4947(a)(1) or [	527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
		f organization: 🔀 Corporation 🦳 Trust 🦳 Association 🦳 Other	L Year o	f formation: 1982 N	I State of legal domicile: WV
Pa	rt I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: <b>PRESER</b>	VING	, RESTORING	AND
nc		ENJOYING THE NATURAL WORLD THROUGH EDUCATON			
Governance	2	Check this box if the organization discontinued its operations or disposed	of more t	han 25% of its net ass	
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			16
	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
es	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			7
iviti	6	Total number of volunteers (estimate if necessary)		6	459
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
		+ G		Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		238,754.	394,344.
Revenue	9	Program service revenue (Part VIII, line 2g)		138,996.	122,985.
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,605.	5,113.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		46,981.	53,239.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		429,336.	575,681.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         Professional fundraising fees (Part IX, column (A), line 11e)         Total fundraising expenses (Part IX, column (D), line 25)		277,974.	289,605.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	•	107 010	105 456
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		127,910.	185,456.
		Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)		405,884.	475,061.
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		23,452.	<u>100,620.</u>
Net Assets or Fund Balances		Table and (Dath V. Part 40)		inning of Current Year 1,250,786.	End of Year
Sse Bala	20	Total assets (Part X, line 16)			1,111,177.
let A ind	21	Total liabilities (Part X, line 26)		21,504.	<u>18,397.</u> 1,092,780.
	22 rt II	Net assets or fund balances. Subtract line 21 from line 20		1,449,404.	1,094,700.
		alties of perjury, I declare that I have examined this return, including accompanying schedules and	d etatomor	te and to the bast of my	knowledge and balief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which			הווטשובטטב מווט שבוובו, וג 3
., uv,	00110	or and complete boolaration of proparer (other than onlosi) is based on all information of which	propurori	ao any knowlodgo.	

Sign	Signature of officer			Date			
Here	STEVE PARADIS, TREASURER						
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	OLIVIA A. HUTTON, CPA	OLIVIA A. HUTTON,	CP 12/05	/23 self-employed	P00964688		
Preparer	Firm's name YOUNT, HYDE & BAR	BOUR, P.C.		Firm's EIN 54-	1149263		
Use Only	Firm's address P.O. BOX 2560						
	WINCHESTER, VA 22604-1760 Phone no. 540-662-3417						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	In the separate instructions. For management and the separate instructions. Form 990 (2022)						

	POTOMAC VALLEY AUDUBON SOCIETY, INC. 55-0626891 Page 2 t III Statement of Program Service Accomplishments
Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PRESERVING, RESTORING AND ENJOYING THE NATURAL WORLD THROUGH EDUCATION AND ACTION.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:       ) (Expenses \$ 5,706.       including grants of \$ ) (Revenue \$ 200.)         CONSERVATION -       PVAS PERFORMS       VARIOUS CONSERVATION SERVICES AND PROGRAMS         IN THE COMMUNITY.
4b	(Code:) (Expenses \$14,764.       including grants of \$) (Revenue \$)         NATURE PRESERVE OPERATIONS -       PVAS CO-MANAGES TWO NATURE PRESERVES WITH
	THE NATURE CONSERVANCY: THE 104-ACRE YANKAUER PRESERVE, USED FOR SCHOOL PROGRAMS AND SUMMER DAY CAMP, AND 354-ACRE EIDOLON PRESERVE, IN MORGAN
	CO., WV. OPENED IN THE SPRING OF 2007, IT HOSTS 5 MILES OF TRAILS AND
	AN OPEN-AIR CABIN/SHELTER. DURING 2011 PVAS OBTAINED 46-ACRE STAUFFER'S
	MARSH, BY THE WAY OF GIFT. IT IS MANAGED FOR WILDLIFE HABITAT, EDUCATIONAL PROGRAMS, AND HIKING. FINALLY, PVAS OWNS COOL SPRING
	PRESERVE, 13 ACRES, RECEIVED IN SEPTEMBER 2016, BY WAY OF GIFT. THEN AN
	ADDITIONAL 50 ACRES IN FEBRUARY, 2020 BY WAY OF GIFT. ALSO IN FEBRUARY
	2020 THE ENTIRE 63 ACRES OF COOL SPRING PRESERVE WERE PLACED IN CONSERVATION EASEMENT WITH THE WEST VIRGINIA LAND TRUST.
4c	(Code:) (Expenses \$70,227.       including grants of \$) (Revenue \$) (Revenue \$107,172.)         SCHOOL PROGRAMS - EACH YEAR,       PVAS PROVIDES AREA SCHOOLS WITH SPECIAL
	PROGRAMS INTENDED TO INCREASE CHILDREN'S UNDERSTANDING AND APPRECIATION OF THE NATURAL WORLD. MOST OF THESE PROGRAMS ARE OFFERED FOR GRADES
	PREK-6. MORE THAN 3,000 STUDENTS FROM DIFFERENT SCHOOLS PARTICIPATE IN
	THESE PROGRAMS EACH YEAR.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 193,054. including grants of \$ ) (Revenue \$ 15,613.)
4e	Total program service expenses 283,751.
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	A	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u		11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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			Vee	Nia
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		<u> </u>
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	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	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? <i>If</i>	000		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		- 21
50	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon in Schedule O contains a response of hote to any line in this Fart V	<u></u>	Vac	
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 4 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
232004	12-13-22			(2022)
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Form	990 (2022) POTOMAC VALLEY AUDUBON SOCIETY, INC.	55-0626	891	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			-	
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	<u> </u>
			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 a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ad	counts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	•		<u>6a</u>		X 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 ser	vices provided to the payor?	7a	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
	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 co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h		
8					
-			8		
9	Sponsoring organizations maintaining donor advised funds.				
-	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>
b			9b		
10	Section 501(c)(7) organizations. Enter:	10.			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against		-		
D		11b			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		<u> </u>		
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
232005	12-13-22		Form	990	(2022)
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Form 990	(2022)
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# POTOMAC VALLEY AUDUBON SOCIETY, INC.

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section 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		16			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			[			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?			L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		X X X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		L	5		Х
6	Did the organization have members or stockholders?			L	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	ne or				
	more members of the governing body?			L	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholo	lers, or				
	persons other than the governing body?	$\mathbf{V}$		L	7b	Х	
в	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		following:				
а	The governing body?			[	8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the	Γ			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	venue C	Code.)				
						Yes	No
)a	Did the organization have local chapters, branches, or affiliates?				10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the fo	rm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
a	Did the organization have a written conflict of interest policy? If "No," go to line 13			L	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es." de	scribe	Γ			
	on Schedule O how this was done	,			12c	Х	
3	Did the organization have a written whistleblower policy?				13	Х	
4	Did the organization have a written document retention and destruction policy?				14	Х	
5	Did the process for determining compensation of the following persons include a review and approval	by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		Х
b	Other officers or key employees of the organization				15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wit	ha				
	taxable entity during the year?			Г	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi						
	exempt status with respect to such arrangements?			<u></u>	16b		
ec	tion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed						
7		4 000 7	(section 50	)1(c)(3)s c	only) a	availat	ole
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	a 990-	(3001100				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply.	u 990-	(3001100				
3	for public inspection. Indicate how you made these available. Check all that apply.	on Sch	edule O)	icy, and f	inanc	cial	
7 3 9	for public inspection. Indicate how you made these available. Check all that apply.         X       Own website         X       Another's website         X       Upon request         Other (explain)	on Sch	edule O)	icy, and f	inanc	cial	
9	for public inspection. Indicate how you made these available. Check all that apply.         X       Own website       X       Another's website       X       Upon request       Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, control or the state of	<i>on Sch</i> nflict of	<i>edule O)</i> interest poli	icy, and f	inanc	cial	
3	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Another's website       X       Upon request       Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	<i>on Sch</i> nflict of	<i>edule O)</i> interest poli	icy, and f	inanc	cial	
9	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       X       Another's website       X       Upon request       Other (explain         Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.       State the name, address, and telephone number of the person who possesses the organization's boo	<i>on Sch</i> nflict of	<i>edule O)</i> interest poli	icy, and f	inanc	cial	

Section A. Officers, Directors, Trustees, Key	Employees, a	nd H	ligh	est (	Com	nper	nsat	ed 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 <b>current</b> officer			es (w	hetl	her i	ndiv	vidua	lls or organizations), reg	ardless of amount of c	ompensation.
<ul> <li>Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>List all of the organization's current key employees, if any. See the instructions for definition of "key employee."</li> </ul>										
<ul> <li>List all of the organization's current key en</li> <li>List the organization's five current highest of</li> </ul>										
who received reportable compensation (box 5 of										
\$100,000 from the organization and any related of							-,-			
<ul> <li>List all of the organization's former officers</li> </ul>						omp	oens	ated employees who re	ceived more than \$100	),000 of
<ul> <li>reportable compensation from the organization a</li> <li>List all of the organization's former director</li> </ul>						h tha	- car	nacity as a former direct	tor or trustee of the ora	anization
more than \$10,000 of reportable compensation fi										anzation,
See the instructions for the order in which to list	the persons ab	ove.						-		
Check this box if neither the organization n	or any related	orga	iniza	tion	con	nper	nsate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition more		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i lirecto	s bot	h an	compensation	compensation	amount of
	week					1711 US		from	from related	other
	(list any hours for	director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
	below	In dividual trustee or	In stitutional trustee	er	Key employee	est cc lovee	ler	C		organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) KRISTIN ALEXANDER	40.00									
EXECUTIVE DIRECTOR				X				53,643.	0.	0.
(2) JIM CUMMINS	5.00									
PRESIDENT		Х		х	C			0.	0.	0.
(3) SUZANNE OFFUTT	3.00			Ĭ		$\mathcal{O}$				
PAST PRESIDENT		X		X				0.	0.	0.
(4) STEPHEN PARADIS	10.00									
TREASURER		Х		X				0.	0.	0.
(5) CAROLYN THOMAS	5.00									
SECRETARY		x		х				0.	0.	0.
(6) SALLY REYNOLDS	5.00									
BOARD MEMBER		Х						0.	0.	0.
(7) SUSAN BROOKRESON	5.00									
BOARD MEMBER		Х						0.	0.	0.
(8) DANA FOGLE	5.00									
BOARD MEMBER		Х						0.	0.	0.
(9) PATTI MULKEEN-CORLEY	5.00									
BOARD MEMBER	<b>– – – –</b>	Х					-	0.	0.	0.
(10) KRIS PHILLIPS	5.00									
BOARD MEMBER	F 00	Х						0.	0.	0.
(11) KEITH UNGER	5.00								0	
BOARD MEMBER	<b>_ _</b> 00	Х						0.	0.	0.
(12) JANET ADY	5.00								0	
BOARD MEMBER	<b>_ _</b> 00	Х						0.	0.	0.
(13) PETE L. MULFORD	5.00								0	
BOARD MEMBER		Х						0.	0.	0.
(14) HERB PEDDICORD	5.00								0	
BOARD MEMBER	5 00	X			-	-		0.	0.	0.
(15) MARY LYNN ROBINSON	5.00									
BOARD MEMBER	10 00	X	-	<u> </u>	-	-	┼──	0.	0.	0.
(16) MIKE SULLIVAN	10.00									
VICE PRESIDENT	E 00	X		X			-	0.	0.	0.
(17) THAN HITT BOARD MEMBER	5.00	x			1		1	0.	0.	0.
	1	Λ	I		I			0.	U .	Form <b>990</b> (2022)
232007 12-13-22										rorm <b>330</b> (2022)

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 Form 990 (2022)
 POTOMAC
 VALLEY
 AUDUBON
 SOCIETY
 INC
 55-0

 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

14111205 781823 17146050.0

2022.05010 POTOMAC VALLEY AUDUBON SO 17146051

55-0626891

Page 7

Form 990		ALLEY A	٧DD	UB	ON	S	OC	ΙE	ΤY,	INC.	55-0	626	891	P	age <b>8</b>
Part VI	Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t Co	ompens	ated Employ	ees (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box offic	not ch , unles cer and	s per	ition more son is	than o s both	an	(D) (E) Reportable Reportable compensation compensatio from from related			ion amount of			
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	(W-2/	the ganization 1099-MISC/ 099-NEC)	organizatior (W-2/1099-MI 1099-NEC	SC/	fr org an	pensa om th anizat d relat anizati	e ion ed
											2				
										S					
									0						
c Tot	ototal al from continuation sheets to Part VI	, Section A								53,643	•	0.			0.
<b>2</b> Tot	al (add lines 1b and 1c) al number of individuals (including but n			liste	d ab	ove	) wh	o re	ceived n	53,643 nore than \$10		<b>0.</b> e			0.
con	npensation from the organization	C												Yes	0 No
	the organization list any <b>former</b> officer, 1a? If "Yes," complete Schedule J for s												3		X
4 For	any individual listed on line 1a, is the su related organizations greater than \$150	m of reportabl	e co	mpe	nsat	tion	and	oth	er comp	ensation fror			4		x
5 Did	any person listed on line 1a receive or a dered to the organization? <i>If</i> "Yes," com	ccrue comper	Isati	on fr	om a	any	unre	late	ed organi	zation or ind			5		x
Section	B. Independent Contractors	piele Schedule	<u> </u>	<u>or su</u>	<u>CH Ļ</u>	Jerso	011 .					<u></u>	5		
	nplete this table for your five highest con organization. Report compensation for t											pensat	tion fro	om	
(A) (B)									с		<b>C)</b> nsatio	n			
	al number of independent contractors (ir )0,000 of compensation from the organiz	-	ot lin	nited	l to t	thos 0		ted	above) v	ho received	more than				

Form **990** (2022)

232008 12-13-22

Form				EY AUDUBON	SOCIETY,	INC.	55-0626	891 Page <b>9</b>
Par	t VI		Statement of Revenue					
			Check if Schedule O contains a response	se or note to any line		(5)	(2)	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			ederated campaigns 1a	11,135.				
D D D			• • • • • • • • • • • • • • • • • • • •					
fts,			undraising events <u>1c</u> elated organizations <u>1d</u>					
, Gi			overnment grants (contributions) 1e	53,000.				
Sin			Il other contributions, gifts, grants, and					
her			milar amounts not included above <b>1f</b>	330,209.				
ġđ	ç		oncash contributions included in lines 1a-1f	10,543.				
Cor	ł	h To	otal. Add lines 1a-1f		394,344.			
				Business Code				
e	2 a	a <u>P</u>	ROGRAM FEES	611710	122,985.	122,985.		
e vic	k	b _		_				
enu Se	c	c _		_				
Program Service Revenue	c	d _		_				
<u>g</u>	e	e _		_				
٩	f		Il other program service revenue		100 005			
$\rightarrow$			otal. Add lines 2a-2f		122,985.			
	3		ivestment income (including dividends, int		5,113.			5,113.
	4		ther similar amounts)		<u> </u>			5,115.
	4 5		oyalties	· ·				
	5	יח	(i) Real	(ii) Personal				
	6 a	<b>a</b> G	ross rents 6a 7,047		c V			
				).	5			
	Ċ		ental income or (loss) 6c 7,047					
	c		et rental income or (loss)		7,047.			7,047.
			ross amount from sales of (i) Securitie	s (ii) Other				
		as	ssets other than inventory <b>7a</b>					
	k	b Le	ess: cost or other basis					
ne		ar	nd sales expenses 7b					
venue	c	c G	ain or (loss) 7c					
			et gain or (loss)					
Other R	8 a		ross income from fundraising events (not					
ō			cluding \$ of					
			ontributions reported on line 1c). See					
				8a 32,493. 8b 8,094.				
			· · · · · · · · · · · · · · · · · · ·		24,399.			24,399.
			et income or (loss) from fundraising events ross income from gaming activities. See	>	2 <b>4</b> ,333.			24,399.
	98			9a				
	ŀ			9b				
			et income or (loss) from gaming activities_	-~				
			ross sales of inventory, less returns					
			-	10a				
	k			10b				
			et income or (loss) from sales of inventory					
<u>ر</u>				Business Code				
e șon	11 a	a <u>O</u>	THER REVENUE	900099	21,793.			21,793.
ane	k	b _		_				
cell Teve	c	_		_				
Miscellaneous Revenue			ll other revenue		04 500			
			otal. Add lines 11a-11d		21,793.	100 005		
	12	Tc 3-22	otal revenue. See instructions		575,681.	122,985.	0.	58,352. Form <b>990</b> (2022

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POTOMAC VALLEY AUDUBON SOCIETY, Part IX Statement of Functional Expenses

INC.

Secu	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	58,881.	47,105.	8,832.	2,944.
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	184,894.	147,915.	27,734.	9,245.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,903. 22,000.		5,903.	
9	Other employee benefits	22,000.		22,000.	
10	Payroll taxes	17,927.		17,927.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	16,367.		16,367.	
	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 (A), amount, list line 11g expenses on Sch 0.)	28,809.	12,363.	11,390.	5,056.
12	Advertising and promotion	367.	<u>12,363.</u> 317.	<u>11,390.</u> 50.	
13	Office expenses	5,115.	3,110.	2,005.	
14	Information technology	5,531.	461.	5,070.	
15	Royalties				
16	Occupancy	5,200.	3,157.	2,043.	
17	Travel	7,010.	<u>3,157.</u> 5,932.	178.	900.
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,560.	1,926.	1,634.	
20	Interest	·			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,214.		26,214.	
23	Insurance	15,662.		15,662.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
я	LICENSES & FEES	38,292.	34,235.	3,449.	608.
b	SUPPLIES	14,061.	10,182.	3,879.	
с С	LAND & FACILITY MANAGEM	10,234.	10,234.	- / • · • •	
d	OTHER	9,034.	6,814.	1,670.	550.
	All other expenses	2,001	.,		
25 25	Total functional expenses. Add lines 1 through 24e	475,061.	283,751.	172,007.	19,303.
25 26	Joint costs. Complete this line only if the organization	1,0,001.			
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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232010 12-13-22

Form 990 (2022)

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POTOMAC	VALLEY	AUDUBON	SOCIETY,	INC.
	• • • • • • •	1100000010	boordry,	<b>TTIO I</b>

55-0626891 Page 11

Pa	πΧ	Balance Sneet					
		Check if Schedule O contains a response or ne	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			379,300.	1	423,250.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	70,973.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	lified per	ons sons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	<b>B</b>			13,977.	9	14,727
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	803,669.			
	b	Less: accumulated depreciation	10b	210,956.	612,836.	10c	592,713
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	∋11			13	
	14	Intangible assets	6	14			
	15	Other assets. See Part IV, line 11	244,673.	15	9,514		
	16	Total assets. Add lines 1 through 15 (must ec			1,250,786.		1,111,177
	17	Accounts payable and accrued expenses			10,183.	17	12,737
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
ŝ	22	Loans and other payables to any current or for	mer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial c	contributor, or 35%			
iabi		controlled entity or family member of any of th	ese perso	ons		22	
-	23	Secured mortgages and notes payable to unre			11,321.	23	5,660
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D			01 504	25	10.00
	26	Total liabilities. Add lines 17 through 25			21,504.	26	18,397
6		Organizations that follow FASB ASC 958, ch	eck her	e X			
ice		and complete lines 27, 28, 32, and 33.			201 014		420.200
alan	27				391,014.	27	432,380.
B	28	Net assets with donor restrictions			838,268.	28	660,400.
nuc		Organizations that do not follow FASB ASC	958, che	eck here			
ř		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1 000 000	31	
Ne	32	Total net assets or fund balances			1,229,282.	32	1,092,780.
	33	Total liabilities and net assets/fund balances			1,250,786.	33	1,111,177.

Form **990** (2022)

# Part X Balance Sheet

Form 990 (2022)
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Form	1990 (2022) POTOMAC VALLEY AUDUBON SOCIETY, INC.	55-06	26891	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			81.
2	Total expenses (must equal Part IX, column (A), line 25)	2			61.
3	Revenue less expenses. Subtract line 2 from line 1	3			20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,229		
5	Net unrealized gains (losses) on investments	5		-	<u>44.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-237	<u>, 0</u>	78.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	1,092	2,7	80.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			v	
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2</b> c	Х	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				v
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		0		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<b>3b</b>	000	<u> </u> (2022)
			Form	990	(2022)

SC	SCHEDULE A Dublic Charity Status and Dublic Support										
(Fo	rm 99	0)	Public Charity Status and Public Support		2022						
			Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	Ζυζζ							
		f the Treasury nue Service	Attach to Form 990 or Form 990-EZ.		Open to Public						
			Go to www.irs.gov/Form990 for instructions and the latest information.	Emmlanan	Inspection						
Nam	ie of t	he organizati			identification number						
Pa	rt I	Reason	POTOMAC VALLEY AUDUBON SOCIETY, INC. or Public Charity Status. (All organizations must complete this part.) See instruction		5-0626891						
	e organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1			ivention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	$\square$	,	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3			a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical res	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A	)(iii). Enter t	he hospital's name,						
		city, and state	2								
5		An organizati	on operated for the benefit of a college or university owned or operated by a governmental u	nit describe	d in						
		section 170	b)(1)(A)(iv). (Complete Part II.)								
6		A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7		An organizati	on that normally receives a substantial part of its support from a governmental unit or from th	ne general p	ublic described in						
		section 170(I	b)(1)(A)(vi). (Complete Part II.)								
8		A community	trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university of	or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	the college	or						
	<b></b>	university:									
10	X		on that normally receives (1) more than 33 1/3% of its support from contributions, membersh								
			ed to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of it								
			nrelated business taxable income (less section 511 tax) from businesses acquired by the org	anization af	ter June 30, 1975.						
			509(a)(2). (Complete Part III.)								
11			on organized and operated exclusively to test for public safety. See section 509(a)(4).								
12			on organized and operated exclusively for the benefit of, to perform the functions of, or to ca								
			supported organizations described in section 509(a)(1) or section 509(a)(2). See section a up h12d that describes the type of supporting organization and complete lines 12e, 12f, and		HECK THE DOX ON						
а		7	upporting organization operated, supervised, or controlled by its supported organization(s), t		iving						
a											
	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.										
b		-	upporting organization supervised or controlled in connection with its supported organizatio	n(s) hy havi	na						
	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.										
с	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.										
d	d 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.										
е		Check this	box if the organization received a written determination from the IRS that it is a Type I, Type	II, Type III							
		functionally	integrated, or Type III non-functionally integrated supporting organization.								
f	Ente	er the number of	of supported organizations								
g	Pro	vide the followi	ng information about the supported organization(s).								

g Frovide the following information	rabout the supporte	u organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))	res	NO		, ,
Total					1	

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
Se	ction B. Total Support					_	
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on		. (				
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		$\mathbf{O}$				
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi					, , , , , , , , , , , , , , , , , , ,	
14	Public support percentage for 2022 (li	ne 6, column (f), di	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part I	II, line 14			15	%
16a	a 33 1/3% support test - 2022. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organizatior	۱			
I	<b>33 1/3% support test - 2021.</b> If the c	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	ifies as a publicly s	supported organiz	ation			
17a	a 10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	ublicly supported o	rganization		
I	o 10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	nstances test, che	ck this box and <b>s</b>	<b>top here.</b> Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	supported organi	zation	

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

Schedule A (Form 990) 2022

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## Schedule A (Form 990) 2022

(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.)

#### POTOMAC VALLEY AUDUBON SOCIETY, INC. 55-0626891 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

#### Schedule A (Form 990) 2022

#### POTOMAC VALLEY AUDUBON SOCIETY, INC. 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.) Section A. Public Support

000							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	178,279.	405,189.	212,626.	238,754.	394,345.	1429193.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	102,079.				122,985.	
3	Gross receipts from activities that					,	
Ū	are not an unrelated trade or bus-	17,382.	10,827.	60,698.	16,189.	21 703	126,889.
_	iness under section 513	17,302.	10,027.	00,090.	10,109.	21,793.	120,009.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	30,673.	33,798.	6,361.	15,918.		120,417.
6	Total. Add lines 1 through 5	328,413.	506,901.	384,616.	409,857.	572,790.	2202577.
	Amounts included on lines 1, 2, and 3 received from disqualified persons				0		0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			20			0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b		+. 6				2202577.
	Public support. (Subtract line 7c from line 6.)						2202377.
		(-) 0010	(1) 0040	(-) 0000	(1) 0001	(-) 0000	(6) <b>T</b> . + .
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018 328,413.	(b) 2019 506,901.	(c) 2020 384,616.	(d) 2021 409,857.	(e) 2022 572,790.	(f) Total 2202577.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,491.	11,439.	6,981.		12,160.	47,895.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
_		6,491.	11,439.	6,981.	10,824.	12,160.	47,895.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	0,491.	11,439.	0,901.	10,024.	12,100.	47,095.
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	334,904.	518,340.	391,597.	420,681.	584,950.	2250472.
	First 5 years. If the Form 990 is for th				•	•	n
	check this box and stop here	0		, ,		0	<i>,</i>
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	97.87 %
	Public support percentage from 2021					16	98.23 %
Sec	ction D. Computation of Inves	tment Income	Percentage				0.10
	Investment income percentage for 20					17	2.13 %
	Investment income percentage from					18	1.77 %
19a	133 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	fies as a publicly s	upported organizat	tion	X
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
23202	23 12-09-22					Schedule A	(Form 990) 2022
			15				

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<sup>2022.05010</sup> POTOMAC VALLEY AUDUBON SO 17146051

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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| 10b | | Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 POTOMAC VALLEY AUDUBON SOCIETY, INC. 55-062	2689	1 Pa	age <b>5</b>
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			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? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			
	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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		L
Sec				<b></b>
			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	0		
2	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 <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
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. <i>Complete line 2 below.</i>			
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 <b>Part VI</b> how you supported a governmental entity (see ins	truction	c)	
2	Activities Test. Answer lines 2a and 2b below.	liuciion	Sy. Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

trustees of each of the supported organizations? If "Yes" or "No" provide details in **Part VI.** 

**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.* 

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3b | Schedule A (Form 990) 2022

3a

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_	dule A (Form 990) 2022 POTOMAC VALLEY AUDUBON S			55-0626891 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e 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			
	instructions for short tax year or assets held for part of year):		. (2)	
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	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	integra	ted Type III supporting orga	anization (see
	instructions).	-		

Schedule A (Form 990) 2022

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Schedule A (Form 990) 20	22
Schedule A (Form 990) 20	11

#### POTOMAC VALLEY AUDUBON SOCIETY, INC. 55-0626891 Page 7

Par	t <b>v</b>   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continue	<u>ed)</u>	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
_j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	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				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	POTOMAC	VALLEY	AUDUBON	SOCIETY,	INC.	55-0626891 <sub>Page</sub>
Part VI	Supplemental Info	rmation. Provid	de the explana	ations required b	y Part II, line 10;	Part II, line 17a	or 17b; Part III, line 12;
	line 1; Part IV, Section D	, lines 2 and 3; Pa	rt IV, Section I	E, lines 1c, 2a, 2	2b, 3a, and 3b; Pa	art V, line 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Se	ection E, lines	2, 5, and 6. Also	complete this pa	art for any additi	onal information.
						.01	
					•		
					6		
					)		
		$\sim$					
232028 12-09-2	2						Schedule A (Form 990) 20
				20			

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Department of the Treasury

Internal Revenue Service

(Form	990)
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# **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.



Name of the organization

POTOMAC VALLEY AUDUBON SOCIETY, INC.

Employer identification number 55-0626891

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
_			
Par	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recrea	tion or education)	of a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, 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 furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			<b>^</b>
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		
а		5	\$
b			
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022
	1 09-01-22		

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Sche		VALLEY AUI					0626891	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Other S	Similar Ass	sets (continu	ied)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	e following that	t make sign	ificant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d	I 🔄 Loan or e>	change progra	am			
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co						Part XIII.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered	"Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod							<b>—</b>
	on Form 990, Part X?						Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amount	
	De sins is a balance						Amount	
	Beginning balance							
	Additions during the year					1d		
e f	Distributions during the year					1e 1f		
	Ending balance Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII.					•		
Par								
		(a) Current year	(b) Prior year			) Three years b	ack <b>(e)</b> Four y	years back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (	(a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
с	Term endowment	<u>%</u>						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administer	red for the		_	
	organization by:							Yes No
	(ii) Related organizations						<u>3a(ii)</u>	
b	If "Yes" on line 3a(ii), are the related organiza			?			3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Fai	t VI Land, Buildings, and Equipm		Dert IV line 11e		) Dort V lin	o 10		
	Complete if the organization answere						( ) D	
	Description of property	(a) Cost or o basis (investn	• • •	st or other		umulated	<b>(d)</b> Book	value
	Level		,	s (other)	depre	eciation	207	,319.
	Land			87,319. 27,459.	1 0	5,215.		
	Buildings			<u>27,459.</u> 36,338.	<u> </u>	1,775.		<u>,244.</u>
	Leasehold improvements			<u>5,541.</u>		2,494.		,047.
	Equipment		1	$\frac{5,541}{47,012}$	10	<u>2,494</u> . )1,472.		,540.
	Other Add lines 1a through 1e. (Column (d) must e			•		•		,713.
iudi	$\cdot$ Aud miles ta unough te. (Column (a) MUST e	<u>uuai romi 990. Part j</u>	A. COIUITIN (B). IINE	1UC.1				,

Schedule D (Form 990) 2022

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	) (Form 990) 2022		LEY AUDUBON	SOCIETY,	INC.	55-0626891	Page 3
Part VII		Other Securities.					
		anization answered "Yes"					
(a) Descrip	otion of security or catego	Ory (including name of security)	(b) Book value	(c) Meth	od of valuation: Cos	st or end-of-year market v	value
.,							
(2) Closely	held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
		, Part X, col. (B) line 12.)					
Part VIII		Program Related.				0	
		anization answered "Yes"					
	(a) Description of i	nvestment	(b) Book value	(C) Metr	lod of valuation: Cos	st or end-of-year market v	alue
(1)							
(2)							
(3)							
(4)							
(5)				C	<u> </u>		
(6)							
(7)							
(8)							
(9)	(h)			$\mathbf{D}$			
Part IX	b) must equal Form 990, Other Assets.	, Part X, col. (B) line 13.)	+ C				
T are by		anization answered "Yes"	on Form 990 Part IV I	ine 11d. See For	m 990 Part X line 1	5	
	e comprete in the erge		Description			(b) Book va	alue
(1)		()				(	
(2)			C				
(3)		<b></b>	$\bigcirc$				
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	ımn (b) must equal For	rm 990, Part X, col. (B) line	9 15.)				
Part X	Other Liabilities	S.				•	
	Complete if the orga	anization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. Se	ee Form 990, Part X	, line 25.	
1.	<b>(a)</b> De	scription of liability				(b) Book va	alue
	deral income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Colu	ımn (b) must equal For	rm 990. Part X. col. (B) line	25.)				
		itions. In Part XIII, provide				ments that reports the	
		ertain tax positions under					I 🗌

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Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 POTOMAC VALLEY AUDUBON SO				26891 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		<del>, , , , , , , , , , , , , , , , , , , </del>	
1				1	372,226.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		-44.	-	
b	Donated services and use of facilities		33,667.	-	
С	Recoveries of prior year grants		000 000	-	
d	Other (Describe in Part XIII.)		-237,078.		202 455
e	Add lines 2a through 2d			2e	<u>-203,455.</u> 575,681.
3	Subtract line <b>2e</b> from line <b>1</b>			3	5/5,001.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				0
c F	Add lines 4a and 4b			4c	575,681.
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12,</i> )	ments With	Expenses per F	5 Return	J/J,001.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			lotarm	
1	Total expenses and losses per audited financial statements			1	508,728.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				500,720.
2 a	Donated services and use of facilities	2a	33,667.		
b	Prior year adjustments				
c c	Other losses				
d	Other (Describe in Part XIII.)		<u>J</u> .		
	Add lines 2a through 2d			2e	33,667.
3	Subtract line 2e from line 1			3	475,061.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	475,061.
Pa	rt XIII Supplemental Information.			· · ·	
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b a	nd 2b; Part V, line 4	; Part X, line	e 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional information	ation.		
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
CHA	ANGE IN VALUE OF BENEFICIAL INTEREST				
PA	RT II, LINE 9 - ACCOUNTING FOR CONSERVATION	ON EASEM.	EN.I.S		
<b>ኮ</b> እ (		א אפ האסי		אדודה כ	ים הנים
<u>CA</u> ,	SEMENT WAS TRANSFERRED TO THE ORGANIZATIO	N AS FAR	I OF INE V	ALUE C	
יסת	NATED LAND FROM STAUFFER'S MARSH WHICH IS		ר אי דעד א	AT.ANCE	י פעדדי
	ATED DAND FROM STROFFER S MARSH WHICH IS	KEI OKIE	D ON THE D		
AS	A PERMANENTLY RESTRICTED NET ASSET. THE	VALUE O	N THE DATE	OF TH	E
				01 11	
DOI	NATION WAS \$86,879.				
	· · · · · · · · · · · · · · · · · · ·				
THE	E EXPENSES OF MAINTAINING THE EASEMENT AR	E REPORT	ED AS PROG	RAM EX	PENSES
IN	THE STATEMENT OF FUNCTIONAL EXPENSES.				

THE EASEMENT SITE IS MONITORED ONCE PER YEAR BY USDA STAFF WHO VISITS THE

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SITE AND PREPARES AN ANNUAL REPORT.

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Schedule D (Form 990) 2022

Schedule D	(Form 990) 2022	POTOMAC	VALLEY	AUDUBON	SOCIETY,	INC.	55-0626891	Page 5
Part XIII	(Form 990) 2022 Supplemental Infor	mation (contin	nued)					
						.0.		
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						)		
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				(				
				• 6				
			C					
		<b>S</b> V						
							Schedule D (Form §	990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	vities	OMB No. 1545-0047			
(Form 990)		e organization answered "Yes" or organization entered more than \$			, or if the	2022
Department of the Treasury		Attach to Form 990	-			Open to Public
Internal Revenue Service	Go te	o www.irs.gov/Form990 for instru				Inspection
Name of the organization		VALLEY AUDUBON SC	OCIETY,	INC.	Employer id	entification number
		Complete if the organization answ	vered "Yes" or	n Form 990, Part IV, line <sup>-</sup>	17. Form 990-E	Z filers are not
· · · · ·	complete this part	ed funds through any of the follow	ng activities.	Check all that apply.		
a Mail solicitat				jovernment grants		
_	email solicitations			rnment grants		
c Phone solici		g 🛄 Specia	al fundraising	events		
d In-person so 2 a Did the organization		r oral agreement with any individua	al (includina o	fficers, directors, trustees	or	
		art VII) or entity in connection with			Υε	s 🗌 No
	•	viduals or entities (fundraisers) purs	uant to agree	ments under which the fu	Indraiser is to b	De
compensated at le	east \$5,000 by the	organization.				
(i) Name and addres	s of individual		(iii) Did fundraiser	(iv) Gross receipts to	) Amount paid (or retained by)	(vi) Amount paid
or entity (fund		(ii) Activity	or control of	from activity	fundraiser	to (or retained by) organization
			contributions?		sted in col. (i)	
			Yes No			
			2			
		.0				
		N.				
	X	7 				
Total						
	ich the organizatio	n is registered or licensed to solicit	contributions	s or has been notified it is	exempt from r	egistration
			000 000 -			- 0/F 000 0005
LHA For Paperwork R	eauction Act Noti	ce, see the Instructions for Form	990 or 990-E	<b>:Z</b> .	Schedu	le G (Form 990) 2022

232081 10-27-22

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributio m 990.E7 line nd 6b. List events with a n \$5 000 . 1 . otor the - d ointo 、 i .

		of fundraising event contributions and gr	Uss income on rominago	· · · · · · · · · · · · · · · · · · ·	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RACE FOR THE			(add col. (a) through
				FALL EVENT	2	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	17,488.	11,437.	3,568.	32,493.
	2	Less: Contributions				
4	3	Gross income (line 1 minus line 2)	17,488.	11,437.	3,568.	32,493.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			0.	
rect Ey	7	Food and beverages			<u>40</u>	
ā	8	Entertainment				
	9	Other direct expenses		787.	1,646.	8,094.
	10	Direct expense summary. Add lines 4 throug				8,094.
	11	Net income summary. Subtract line 10 from				24,399.
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs	2			
_	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
	Ent	er the state(s) in which the organization condu	ucts gaming activities.			
		er the state(s) in which the organization conducted in the organization licensed to conduct gaming a		states?		Yes No
а	ls t	er the state(s) in which the organization condu he organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
a b	ls ti If "I	he organization licensed to conduct gaming a	ctivities in each of these			
a b 0a	Is ti If "I	he organization licensed to conduct gaming a	ctivities in each of these s	rminated during the tax y		
a b 0a	Is ti If "I	he organization licensed to conduct gaming a No," explain:	ctivities in each of these s	rminated during the tax y		

Sch	edule G (Form 990) 2022	POTOMAC	VALLEY	AUDUBON	SOCIETY,	INC. 55	5-0626891	Page 3
11	Does the organization conduct ga	aming activities w	ith nonmemb	ers?			Yes	No
12	Is the organization a grantor, bene							
	to administer charitable gaming?						<b>Yes</b>	No
	Indicate the percentage of gaming							0/
	The organization's facility							<u>%</u>
	Enter the name and address of th						[100]	/0
		- percent time pr		jan Lanen e gan				
	Name							
	Address							
15a	Does the organization have a con	tract with a third	party from wh	nom the organiza	ation receives garr	ing revenue?	Yes	No
b	If "Yes," enter the amount of gam			ganization	₿	and the amoun	t	
_	of gaming revenue retained by the							
С	If "Yes," enter name and address	of the third party	·:					
	Name					0.		
						30		
	Address							
16	Gaming manager information:				5			
	Name				$\sim$			
					$\sim$			
	Gaming manager compensation	\$						
				+ 6				
	Description of services provided							
	Director/officer	Employee		Independer	t contractor			
	Mandatory distributions:							
а	Is the organization required under retain the state gaming license?					eeds to	Yes	No
b	Enter the amount of distributions							
	organization's own exempt activit	ies during the tax	kyear \$			-		
Pa	rt IV Supplemental Infor						Part III, lines 9, 9b	, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also	provide any a	additional inform	ation. See instruct	tions.		
0000	20.40.07.02					0-		0) 0000
23208	33 10-27-22			33		50	hedule G (Form 99	0) 2022

Schedule G	(Form 990) Supplemental Infor	POTOMAC	VALLEY	AUDUBON	SOCIETY,	INC.	55-0626891	Page 4
Part IV	Supplemental Infor	mation (contin	ued)					
						0.		
						30		
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							Schedule G (F	orm 990)

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SCHEDULE	0
(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. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.

POTOMAC VALLEY AUDUBON SOCIETY,



Employer identification number 55-0626891

FORM 990, PART VI, SECTION A, LINE 6:

ORGANIZATION HAS MEMBERS.

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

MEMBERS ARE ELECTED TO SERVE ON THE GOVERNING BODY CONSISTING OF PRESIDENT,

VP, TREASURER, SECRETARY AND IMMEDIATE PAST PRESIDENT. IN ADDITION TO THE

OFFICERS THERE ARE AT-LARGE BOARD MEMBERS THAT COMPRISE THE GOVERNING BODY.

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

DECISIONS MADE BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE

MEMBERS.

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

THE ORGANIZATION'S ACCOUNTANT PRESENTS AND EXPLAINS EACH YEAR'S AUDITED FINANCIAL STATEMENTS AT THE NOVEMBER MEETING OF THE BOARD OF DIRECTORS. THE 990, ONCE COMPLETED BY THE ORGANIZATION'S ACCOUNTANT, IS DISTRIBUTED TO THE BOARD FOR REVIEW AND APPROVAL TO FILE BY BOARD VOTE.

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

PVAS REQUIRES ALL BOARD MEMBERS TO ANNUALLY PROVIDE A CONFLICT OF INTEREST

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS INCLUDING THE CONSTITUTION AND BYLAWS; FULL DESCRIPTION

OF THE ORGANIZATION'S STRUCTURE AND THE ROLES AND RESPONSIBILITIES OF ALL

 OFFICERS, BOARD MEMBERS AND EMPLOYEES; AND ALL MAJOR POLICIES ARE AVAILABLE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211 10-28-22
 10-28-22

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Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization POTOMAC VALLEY AUDUBON SOCIETY, INC.	Employer identification number 55-0626891
ON THE ORGANIZATION'S WEBSITE (WWW.POTOMACAUDUBON.ORG). A	DDITIONAL
GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST TO	THE PRESIDENT OF
THE BOARD OR DULY DESIGNATED BOARD DIRECTOR RESPONSIBLE FO	R RETENTION OF
OFFICIAL DOCUMENTS. FORM 990 IS AVAILABLE ON THE ORGANIZA	TION'S WEBSITE
AND ON THE WV SECRETARY OF STATE'S WEBSITE AT WWW.SOS.WV.G	OV. ADDITIONAL
DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST: ON JUNE 19, 2023,	
THE PVAS BOARD	-237,078.
ADOPTED A MOTION TO RELEASE/DISCLAIM PVAS FROM ANY OWNERSH	IP INTREST IT HAS
RELATED TO QUAIL HOLLOW PROPERTY IN JEFFERSON COUNTY, WV	
TOTAL TO FORM 990, PART XI, LINE 9	-237,078.
FORM 990, PART XII, LINE 2C	
PVAS REQUIRES ALL BOARD MEMBERS TO ANNUALLY PROVIDE A CONF	LICT OF
INTEREST STATEMENT WHICH IS AVAILABLE ON THEIR WEBSITE.	
FORM 990, PAGE X, LINE 15 OTHER ASSET	
A PROPERTY TO WHICH PVAS HELD A REMAINDER INTEREST WAS DIS	CLAIMED BY
THE PVAS BOARD.	

232212 10-28-22