Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

, 2021, and ending	SEP	30	, 20 2

For calendar year 2021, or fiscal year beginning OCT 1 Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

	Revenue Service	>	Go to www.irs.gov/F	orm8879TE for the	latest information.		
Name						EIN or SSN	
	AND DESCRIPTION OF THE PERSON	CANAL TRUS				30-04	01642
Name a	and title of officer or p		LAUREN RIVI				
Part	Type of	Return and Retu	PRESIDENT a:	na CEO			
Accommonsor	CONTRACTOR DE L'ANGE DE L'			TF and enter the an	plicable amount, if any, fron	n the return	Form 8038-CP and
Form ! or 10a which	5330 filers may ente below, and the am	er dollars and cents. Fount on that line for t	For all other forms, ente the return being filed w	er whole dollars only ith this form was bl	y. If you check the box on liank, then leave line 1b, 2b, nenter -0- on the applicable	ne 1a, 2a, 3 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 check	here X	b Total revenue, if a	any (Form 990, Part	VIII, column (A), line 12)		1ь 1267668.
2a	Form 990-EZ ch	eck here >	b Total revenue, if a	any (Form 990-EZ, li	ne 9)		
За	Form 1120-POL	check here					3b
4a	Form 990-PF che				form 990-PF, Part V, line 5)		4b
5a	Form 8868 check						5b
6a	Form 990-T chec						6b
7a	Form 4720 check						7b
8a	Form 5227 check		b FMV of assets at		orm 5227, Item D)		8b
9a	Form 5330 check		b Tax due (Form 53		-1 (Farma 2002 OD Dart III II		9b
Part	Form 8038-CP c				d (Form 8038-CP, Part III, I erson Subject to Tax	ne 22)	10b
ackno of any entry t financi later th payme persor	wledgement of recerefund. If applicable to the financial institution to debran 2 business days and of taxes to receival identification numbers on the companion of taxes to receival identification numbers on the companion of taxes to receival identification numbers on the companion of taxes on the return's as my signature with a state again on the return's As an officer or return. If I have	pipt or reason for rejected, I authorize the U.S tution account indicate the test in the entry to this acception to the payment ve confidential information (PIN) as my sign the entry to the payment of	ction of the transmissic. Treasury and its designed in the tax preparatic count. To revoke a pay to (settlement) date. I aliation necessary to ansature for the electronic P.C. ERO firm I electronically filed retraities as part of the libration.	on, (b) the reason for gnated Financial Agon software for pay rement, I must contain so authorize the finance return and, if apploace and record and a second so authorize the finance return and, if apploace and return and a second so authorize and record and second so authorized so	ted within this return that a am, I also authorize the afor PIN as my signature on the ed with a state agency(ies) r	he return or funds withdr wed on this rial Agent at an the proces payment. I have enter my Placopy of the rementioned tax year 202	refund, and (c) the date rawal (direct debit) return, and the 1-888-353-4537 no sing of the electronic nave selected a withdrawal. N 11200 Enter five numbers, but do not enter all zeros return is being filed ERO to enter my PIN
Signatur Part	e of officer or person subjectifications	ation and Auther	ntication	rello		Date	> 3/11/43
ERO's	EFIN/PIN. Enter y	our six-digit electroni	c filing identification				
numbe	er (EFIN) followed by	y your five-digit self-se	elected PIN.		52693511200 Do not enter all zeros		
submi Busine					ronically filed return indicate File (MeF) Information for A		
		E	RO Must Retain	This Form - Se	e Instructions		
personal designation of the last of the la		Do Not Su	bmit This Form to	the IRS Unles	s Requested To Do S	30	
LHA	For Privacy act an	d Paperwork Reduc	tion Act Notice, see in	structions.			Form 8879-TE (2021)

102521 01-11-22

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print C & O CANAL TRUST, INC 30-0401642 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 142 W. Potomac St. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions Williamsport, MD 21795 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 Form 990-T (corporation) C & O CANAL TRUST INC The books are in the care of ▶ 142 W. Potomac Street - Williamsport, MD 21795 Telephone No. ► 240-202-2625 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. August 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year OCT , and ending SEP 30, 2022 2021 ► X tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

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

Form 8868 (Rev. 1-2022)

Extended to August 15, 2023

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public

A F	or the	\approx 2021 calendar year, or tax year beginning $\;\;$ OCT $\;1$, $\;$ $\;$ $\;$ $\;$ $\;$ $\;$ 2021	and ending	SEP 30, 2022	
В с	heck if oplicable	C Name of organization		D Employer identific	cation number
	Addres	C & O CANAL TRUST, INC			
	Name change			30-04016	42
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su		
	 _Final _return/	1/12 W Dotomac St		240-202-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal cod	e	G Gross receipts \$	1311608.
	Amend return	Williamsport, MD 21795		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: Lauren Kivieiro		for subordinates	? Yes X No
	pendin	same as c above		H(b) Are all subordinates in	ncluded? Yes No
			(a)(1) or 5	If "No," attach a	list. See instructions
		e: > WWW.CANALTRUST.ORG		H(c) Group exemptio	
		organization: X Corporation	L Ye	ear of formation: 2007 N	M State of legal domicile: MD
Ра		Summary			
ړو		Briefly describe the organization's mission or most significant activities: \mathbf{T}^{0}			
and		NATIONAL PARK SERVICE TO PROTECT, REST			
Governance		Check this box if the organization discontinued its operations or			1
હુ				3 4	20
∞ ∞		Number of independent voting members of the governing body (Part VI, line 20)		5	11
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary)		6	896
ξį				_	0.
۲		Net unrelated business taxable income from Form 990-T, Part I, line 11		7a	0.
\neg				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		941274.	1045969.
		Program service revenue (Part VIII, line 2g)		249434.	204918.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11222.	16781.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		1201930.	1267668.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		110094.	132750.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
တ္ဆ		Salaries, other compensation, employee benefits (Part IX, column (A), lines		520578.	521298.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ		Total fundraising expenses (Part IX, column (D), line 25)		265206	002505
"		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		365306.	293797.
		Total expenses. Add lines 13 17 (must equal Part IX, column (A), line 25)		995978. 205952.	947845.
_ v		Revenue less expenses. Subtract line 18 from line 12			319823.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		Beginning of Current Year 1252991.	End of Year 1512349.
Asse Bald	20 ·	Total liabilities (Part X, line 16)		407678.	347213.
let ad	22	Net assets or fund balances. Subtract line 21 from line 20		845313.	1165136.
Pa	rt II	Signature Block		0100101	
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying sc	hedules and state	ements, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all informatio	n of which prepa	rer has any knowledge.	
Sigr	ı	Signature of officer		Date	
Here	е	Lauren Riviello, PRESIDENT and CEO			_
		Type or print name and title		In.i. I -	- DTIN
		Print/Type preparer's name Preparer's signature	a	Date Check	PTIN
Paid -		Bert L. Swain, CPA Bert L. Swain	n, CPA	05/01/23 self-employ	
Prep		Firm's name DEMBO JONES, PC	.00	Firm's EIN ▶	52-1073331
Use	Unly	Firm's address 6116 EXECUTIVE BLVD., SUITE 5	000	E. 30	1 770 5100
		NORTH BETHESDA, MD 20852		Phone no. 30	
IVIAV	The II-	RS discuss this return with the preparer shown above? See instructions			Yes No

1 Birthy describe the organization's mission' TO WORK IN PARTINERSHIP WITH THE NATIONAL PARK SERVICE TO PROTECT, RESPORE AND PROMOTE THE CAO CANAL NATIONAL HISTORICAL PARK, THE TRIST SEEKS TO ENSURE THAT THE PARK'S NATURAL, HISTORICAL, AND RECREATIONAL POTENTIAL IS FULLY REALIZED. 2 Did the organization undertake says significant program services during the year which were not listed on the prior Form 350 or 930 622		Check if Schedule O contains a response or note to any line in this Part III	X
TO WORK IN PARTNERSHIP WITH THE NATIONAL PARK SERVICE TO PROTECT, RESTORE AND PROMOTE THE CAC CANAL NATIONAL HISTORICAL, AND RECREATIONAL POTENTIAL IS FULLY REALIZED. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form \$800 or \$800-527	1	·	
SEEKS TO ENSURE THAT THE PARK'S NATURAL, HISTORICAL, AND RECREATIONAL POTENTIAL IS FULLY REALIZED. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 980 or 980-527 If 'Yes, 'describe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(s) and 501(s)(s) generated as complishments for each of its three largest program services, as measured by expenses. Section 501(s)(s) and 501(s)(s) generated as rerequired to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service exported. 4 (Note: 0) (losperses 552914. Pentang grants of 132750.) (Monaret 2 16823.) AS THE OFFICIAL NONPROFIT PARTINER OF THE C&O CANAL_NATIONAL HISTORICAL PARK, THE C&O CANAL TRUST WORKS CLOSELY WITH THE ANALONAL PARK SERVICE (NPS) TO DEVELOP AND MANAGE UNIQUE AND INNOVATIVE INTERPRETIVE AND EDUCATION PROGRAMS THAT ENHANCE THE VISITOR EXPERIENCE. 1) THE C&O CANAL TRUST'S NATIONALLY ACCLAIMED AND AWARD WINNING CANAL QUARTERS PROGRAM CONTINUES TO PROVIDE IMMERS VE INTERPRETIVE EXPERIENCES FOR OVERNIGHT VISITORS. THE SEVEN RESTORED LOCKHOUSES PROVIDE A WILLIAM CONTINUES TO PROVIDE IMMERS VE INTERPRETIVE EXPERIENCES FOR OVERNIGHT VISITORS. THE SEVEN RESTORED LOCKHOUSES PROVIDE EXPERIENCES FOR OVERNIGHT STORES. 1) THE C&O CANAL TRUST ACTIVELY SECRUTYS AND OVERSES SEVERAL VOLUNTEER PROGRAMS TO PROVIDE MEANINGTED \$9.00 PROVIDES FOR OVERNIGHT PROGRAMS IN VOLUNTEER ENGACEMENT: THE C&O CANAL TRUST ACTIVELY SECRUTYS AND OVERSES SEVERAL VOLUNTEER PROGRAMS TO PROVIDE MEANINGTED BY PROVIDE SECRETAL VOLUNTEER PROGRAMS TO PROVIDE MEANINGTED BY DEVELOPMENT; AND HISTORIC PRESERVATION PROJECTS IN THE PARK. 1) THE C&O CANAL TRUST POSMILIZED 89.00 PROVIDES FOR OVERNIGHT PROGRAMS IN VERNE OF THE PARK. 1) THE C&O CANAL TRUST POSMILIZED 89.00 PROVIDES REGIONAL ECONOMIC DEVELOPMENT AND COMMUNITY ENHA			
POTENTIAL IS FULLY REALIZED. 2 plot the organization undertake any significant program services during the year which were not listed on the price form 900 or 900-627 If 'Yes,' describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?			
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 990 E27			
prior form 990 or 990-02? Yos. X No. Wos. Content Yos. Y			
th "ves," describe these news services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2		_
3 Did the organization cases conducting, or make significant changes in how it conducts, any program services?			_ No
H "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501c(s) and 501c(s)			٦
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 arry, for each program service reported. 40 (code:	3	· · · · · · · · · · · · · · · · · · ·	_l No
Section 501(6)(3) and 501(6)(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 40 (Code) (comments 562914. recluding grants of \$132750.) (Revenue \$216823.) AS THE OFFICIAL NONPROFIT PARTNER OF THE C&O CANAL NATIONAL HISTORICAL PARK, THE C&O CANAL TRUST WORKS CLOSELY WITH THE NATIONAL PARK SERVICE (NFS) TO DEVELOP AND MANAGE UNIQUE AND INNOVATIVE INTERPRETIVE AND EDUCATION PROGRAMS THAT ENHANCE THE VISITOR EXPERIENCE. 1) THE C&O CANAL TRUST'S NATIONALLY ACCLAIMED AND AWARD WINNING CANAL QUARTERS PROGRAM CONTINUES TO PROVIDE IMMERSIVE INTERPRETIVE EXPERIENCES FOR OVERNIGHT VISITORS. THE SEVEN RESTORED LOCKHOUSES PROVIDE A UNIQUE EXPERIENCE FROM DIFFERENT PERIODS IN THE C&O CANAL'S HISTORY. THE PROGRAM HOSTED 3,085 VISITORS FOR OVERNIGHT PROGRAMS IN VOLUMTEER ENGAGEMENT: THE C&O CANAL TRUST ACTIVELY RECRUITS AND OVERSEES SEVERAL VOLUNTEER PROGRAMS TO PROVIDE MEANINGFUL OPPORTUNITIES FOR THE PUBLIC TO CONTRIBUTE TO THE CARE AND SUPPORT OF THE PARK. 1) THE C&O CANAL TRUST MODELIZED 896 VOLUNTEERS IN FY22 FOR THE 15TH YEAR OF THE CANAL COMMUNITY DAYS PROGRAM. THESE VOLUNTEERS DONATED NEARLY \$255,309 WORTH OF IN-KIND LABOR TO CONSERVATION, ACCESS, IMPRASTRUCTURE IMPROVEMENT, AND HISTORIC PRESERVATION PROJECTS IN THE PARK. 46 (Code) (Generous 2 244930. Including grants of 8) (Revenue 8) 1) THE C&O CANAL TRUST CONNECTS WITH LOCAL COMMUNITIES TO IDENTIFY PRIORITIES AND ENGAGE THEIR SUPPORT IN KEY PARK INITIATIVES. 1) THE CANAL TRUST CONNECTS WITH LOCAL COMMUNITIES ALONG THE CANAL, REAPING THE BENEFITS OF TRAIL—BASED TOURISM AND RECREATION. IN FY22, THE C&O CANAL TRUST CONTINUED TO SERVE AS THE FISCAL AGENT FOR THE PARTNERSHIP PROVIDES REGIONAL ECONOMIC DEVELOPMENT AND COMMUNITY ENHANCEMENT ON BEHALF OF 10 COMMUNITIES ALONG THE CANAL, REAPING THE BENEFITS OF TRAIL—BASED TOURISM AND RECREATION. IN FY22, THE C&O CANAL TRUST CONTINUED TO SERVE AS THE FISCAL AGENT FOR THE PARTNERSHIP AND HELPED		·	
#*REVENUE, if any, for each program service reported. **A (Code:	4		
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AS THE OFFICIAL NONPROFIT PARTNER OF THE C&O CANAL NATIONAL HISTORICAL PARK, THE C&O CANAL TRUST WORKS CLOSELY WITH THE NATIONAL PARK SERVICE (NPS) TO DEVELOP AND MANAGE UNIQUE AND INNOVATIVE INTERPRETIVE AND EDUCATION PROGRAMS THAT ENHANCE THE VISITOR EXPERIENCE. 1) THE C&O CANAL TRUST'S NATIONALLY ACCLAIMED AND AWARD WINNING CANAL QUARTERS PROGRAM CONTINUES TO PROVIDE IMMERSIVE INTERPRETIVE EXPERIENCES FOR OVERNIGHT VISITORS. THE PABOR EXPERIENCES FOR OVERNIGHT VISITORS. THE PABOR DISCREPANCE OF A UNIQUE EXPERIENCE FROM DIFFERENT PERIODS IN THE C&O CANAL'S HISTORY. THE PROGRAM HOSTED 3,085 VISITORS FOR OVERNIGHT PROGRAMS IN (Coope) (Coopered S 5100. Moleculous glapto's) (Provenue S) (COULDITEER ENGAGEMENT: THE C&O CANAL TRUST ACTIVELY ARCRUITS AND OVERSEES SEVERAL VOLUNTEER PROGRAMS TO PROVIDE MEANINGPUL OPPORTUNITIES FOR THE PUBLIC TO CONTRIBUTE TO THE CARE AND SUPPORT OF THE PARK. 1) THE C&O CANAL TRUST MOBILIZED 896 VOLUNTEERS IN FY22 FOR THE 15TH YEAR OF THE CANAL COMMUNITY DAYS PROGRAM. THESE VOLUNTEERS DONATED NEARLY \$255,309 WORDS OF IN-KIND LABOR TO CONSERVATION, ACCESS, INFRASTRUCTURE IMPROVEMENT, AND HISTORIC PRESERVATION PROJECTS IN THE PARK. 4c (Code) (Coopered S 244930. Michaeling grants of S) (Revenue S) COMMUNITY OUTREACH AND ENGAGEMENT: THE C&O CANAL TRUST CONNECTS WITH LOCAL COMMUNITIES TO IDENTIFY PRIORITIES AND ENGAGE THEIR SUPPORT IN KEY PARK INITIATIVES. 1) THE CANAL TRUST CONNECTS WITH LOCAL COMMUNITIES ALONG THE CANAL, REAPING THE BENEFITS OF TRAIL-BASED TOURISM AND RECREATION. IN FY22, THE C&O CANAL TRUST CONTINUED TO SERVE AS THE FISCAL AGENT FOR THE PARTMERSHIP AND HELPED TO SUPPORT TOURISM IN NEARBY COMMUNITIES. 2) HISTORIC PRESERVATION AND PARK INFRASTRUCTURE 4d Other program services (Describe on Schedule C) (Revenue S) (R	4a		3.)
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(Expenses \$ including grants of \$) (Revenue \$) 4e Total program service expenses ▶ 812944.		2)HISTORIC PRESERVATION AND PARK INFRASTRUCTURE	
4e Total program service expenses ► 812944.	4d	Other program services (Describe on Schedule O.)	

	4e		(000 (1

Form 990 (2021) C & O CANAL TRUST, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	l		37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	١		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	400	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 22	
b		106		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	
			000	

132003 12-09-21

Form 990 (2021) C & O CANAL TRUST, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			٦,
	"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		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
00	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20	Х	
24	contributions? If "Yes," complete Schedule M	30	Λ	Х
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	/ I. V	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		25
33	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	- 55		
5 4	· · · · · · · · · · · · · · · · · · ·	34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
~	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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		Х
12200	4 12 00 21	Eorm	990	(2021)

ı aı	Statements negaring other in 3 mings and rax 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 11			
		01-		Х
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
0-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	0-		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
b 4a	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	JU		
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country	та		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0		
9	sponsoring organization have excess business holdings at any time during the year?	8		
э a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.0		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans The the amount of receives as head.			
C 1/12	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-75		
.5	excess parachute payment(s) during the year?	15		Х
	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		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
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?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 95			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
	persons other than the governing body?	X		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
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	escribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	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.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its pa	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶MD, VA, WV					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)(3):	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy, and	d finan	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	C & O CANAL TRUST INC - 240-202-2625					
	142 W. Potomac Street, Williamsport, MD 21795					

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

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

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

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

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

(A)	(B)			((C)	nper		(D)	(E)	(F)
Name and title	Average	(4)-		Pos heck	itior		one	Reportable		Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation _	compensation	amount of
	week		cer ar	nd a di	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	9			ated		organization	(W-2/1099-MISC/	from the
	related	stee	truste		92	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	4		organizations
(1) ROBIN ZANOTTI	50.00	=	-	0	~	王亚	Ē			
PRESIDENT		х		х			\	133959.	0.	0.
(2) JOHN GUTTMANN	5.00								•	
Chair		х		X.		T n		0.	0.	0.
(3) FRANCIS GRANT-SUTTIE	5.00					7			-	-
Vice Chairman		Х		Х				0.	0.	0 .
(4) BERT SWAIN	5.00		Y							
TREASURER		X.	7	X				0.	0.	0 .
(5) ANTHONY STACY	5.00	Z								
Secretary		X		Х				0.	0.	0
(6) Mary Ann Fisher	2.00									
DIRECTOR		Х						0.	0.	0 .
(7) Ed Ryan	2.00								_	_
Director		Х						0.	0.	0 .
(8) Sherif Ettefa	2.00									
DIRECTOR		Х						0.	0.	0
(9) Tara Sanders Lowe	2.00									
DIRECTOR		Х						0.	0.	0 .
(10) Cory Van Horn	2.00									
DIRECTOR	0 00	Х						0.	0.	0 .
(11) Sandy Iru Grace	2.00									•
DIRECTOR	0 00	Х						0.	0.	0
(12) DANIEL P. SPEDDEN	2.00	.,								0
DIRECTOR	2 00	Х						0.	0.	0 .
(13) WILLIAM B. NEWMAN JR	2.00	X							_	^
(14) PAUL JUOLA	2.00	Λ	-			-		0.	0.	0 .
DIRECTOR	△•00	Х						0.	0.	0 .
(15) PAUL KROGH	2.00	^	\vdash		-	\vdash		0.	0.	<u> </u>
DIRECTOR	4.00	Х						0.	0.	0.
(16) GAY BARCLAY	2.00									
DIRECTOR		х						0.	0.	0.
(17) ROBERT ANTON MERTZ	2.00									
		х	1	l	1	1	I	0.	0.	0.

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Section A. Officers, Directors, Trus	tees, Key Emp	DIOY	ees,	anu	Пιζ	jnes	ii C	ompensated Employee	(continued)				
(A)	(B)			_ (C				(D)	(E)			(F)	
Name and title	Average	(do		Posit heck m			one	Reportable	Reportable		Es	timate	d
	hours per			ss pers				compensation	compensatio	- 1		ount o	of
	week (list any	<u> </u>		I	-	17 41 410	l	from the	from related	- 1		other	tion
	hours for	direct				_		organization	organizations (W-2/1099-MIS			pensat om the	
	related	96 Or (stee			ısatec		(W-2/1099-MISC/	1099-NEC)	·		anizati	
	organizations	truste	al tru:		yee	ım per		1099-NEC)	,		•	d relate	
	below	Individual trustee or director	Institutional trustee	ъ.	Key employee	Highest compensated employee	ь	,			orga	ınizatio	ons
	line)	Indiv	Instit	Officer	Кеу е	High emp	Former						
(18) PAUL BREMER	2.00												
DIRECTOR		Х						0.		0.			0.
(19) JONATHAN MOORE WARNER	2.00												
DIRECTOR		Х						0.		0.			0.
(20) MARC GROSSMAN	2.00												
DIRECTOR		Х						0.		0.			0.
									4				
		1						_	7				
		1											
								()					
		1											
								1					
		1						4					
		1					1						
						$\boldsymbol{\wedge}$							
		1				• _ `							
					V)	Ļ	133959.		0.			^
1b Subtotal								133939.		0.			0.
c Total from continuation sheets to Part VI)\				133959.		0.			0.
d Total (add lines 1b and 1c)													0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d abo	ove)) wh	o re	eceived more than \$100,	000 of reportable				1
compensation from the organization		-										V	1
		•								ſ		Yes	No
3 Did the organization list any former officer,		ee, k	еу е	emplo	yee	e, or	hig	hest compensated emp	loyee on				37
line 1a? If "Yes," complete Schedule J for s											3		<u>X</u>
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150),000? <i>If</i> "Yes,	" co	mple	ete So	che	dule	J f	or such individual			4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch p	erso	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng wit	th o	r wi	<u>thin</u>	the organization's tax y	ear.				
(A)								(B)		_	(C		
Name and business	address	NC	ONE	3				Description of s	ervices	C	omper	nsatior	<u> </u>
		_	_			_	_						
2 Total number of independent contractors (ii	ncluding but n	ot lin	nited	to th	hos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization	•				0			•					
	<u> </u>										Form 5	9 90 (2	2021)

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Official in Confedence of Confedence a reciporitie	or riote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
				20170				SECTIONS 212 - 214
nts	1		Federated campaigns 1a	38170.				
ira Ou			Membership dues 1b	405500				
s, (Am		С	Fundraising events 1c	195528.				
Sift lar		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e	91172.				
ion		f	All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	721099.				
ÖĘ		q	Noncash contributions included in lines 1a-1f 1g \$	34908.				
Sor		h	Total. Add lines 1a-1f	•	1045969.			
		-		Business Code				
•	2	2	CANAL QUARTERS	721000	186146.	186146.		
je			ADMINISTRATIVE FEES	541900	18772.	18772 ₄ .		
er, ne				341300	10772	10772		
n S		С.						
ara Be		d						
Program Service Revenue		е				<u> </u>		
₽			All other program service revenue		004010			
			Total. Add lines 2a-2f		204918.	\cup		
	3		Investment income (including dividends, interest					
			other similar amounts)			-		
	4		Income from investment of tax-exempt bond p		()			
	5		Royalties					
			(i) Real	(ii) Personal	~ \ \ '			
	6	а	Gross rents 6a		. ()			
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a	17				
		b	Less: cost or other basis					
<u>o</u>		-	and sales expenses					
Revenue		_	Gain or (loss) 7c					
eve			Net gain or (loss)					
her F			Gross income from fundraising events (not					
Othe	0	а	including \$ 195528 of					
O								
			contributions reported on line 1c). See	43940.				
			Part IV, line 18					
			Less: direct expenses 8b	43940.	0			
			Net income or (loss) from fundraising events	_	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	11905.				
		b	Less: cost of goods sold 10	0.				
		С	Net income or (loss) from sales of inventory		11905.	11905.		
				Business Code				
sno e	11	а	MISCELLANEOUS	900099	4876.			4876.
ine Due		b						
elle		С						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d)	4876.			
	12		Total revenue. See instructions	_	1267668.	216823.	0.	4876.

Form 990 (2021) C & O CANAL TRUST, INC Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		одропосо	general expenses	одропосо
	and domestic governments. See Part IV, line 21	132750.	132750.		
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	129941.	104023.	25918.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)			7	
7	Other salaries and wages	330623.	267724.	62799.	100.
8	Pension plan accruals and contributions (include	4406=	222	7	446
	section 401(k) and 403(b) employer contributions)	11265.	9237.	1916.	112.
9	Other employee benefits	14494.	11884.	2464.	146.
10	Payroll taxes	34975.	28761.	6104.	110.
11	Fees for services (nonemployees):				
а	Management		()		
b	Legal				
С	Accounting				
d	Lobbying	()		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	O^{\vee}			
g	Other. (If line 11g amount exceeds 10% of line 25,	Cooca	40545	- co.4	
	column (A), amount, list line 11g expenses on Sch 0.)	19364.	12745.	5681.	938.
12	Advertising and promotion	15914.	7763.	8144.	7.
13	Office expenses	8772.	7451.	1313.	8.
14	Information technology	15723.	11999.	1750.	1974.
15	Royalties	05000	00000	4858	0.2
16	Occupancy	25000.	20220.	4757.	23.
17	Travel	12539.	12353.	186.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	F0F0	0.3	4076	
20	Interest	5059.	83.	4976.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	E007	E 4 0 0	A 1 17	2
23	Insurance	5907.	5488.	417.	2.
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),				
а	amount, list line 24e expenses on Schedule 0.) REPAIRS & MAINTENANCE	85714.	85714.		
a b	PROGRAM EXPENSES	68154.	68048.	106.	
C	PRINTING & REPRODUCTION	16564.	14341.	1142.	1081.
d	UTILITIES-CANAL QUARTER	6440.	6440.	0.	0.
		8647.	5920.	2255.	472.
е 25	Total functional expenses. Add lines 1 through 24e	947845.	812944.	129928.	4973.
25 26	Joint costs. Complete this line only if the organization	741047•	012744	127720•	4 213•
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)				
	in following 50F 90-2 (A50 950-720)				000

Form 990 (2021)
Part X | Balance Sheet

<u>Pa</u> r	t X	Balance Sheet				
		Check if Schedule O contains a response or r	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		821565.	1	1118945
	2	Savings and temporary cash investments		326079.	2	326144
	3	Pledges and grants receivable, net		69066.	3	37164
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۲	9	B		10000.	9	3560
	10a	Land, buildings, and equipment: cost or other	.	1		
		basis. Complete Part VI of Schedule D		7		
	b	Less: accumulated depreciation	10b	0,	10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	e 11	5321.	12	3988
	13	Investments - program-related. See Part IV, lin	e 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		20960.	15	22548
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	1252991.	16	1512349
	17	Accounts payable and accrued expenses		12732.	17	131462
	18	Grants payable			18	
	19	Deferred revenue	()	63696.	19	51650
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet	e Part IV of Schedule D		21	
ဖွ	22	Loans and other payables to any current or fo	rmer officer, director,			
Liabilities		trustee, key employee, creator or founder, sub				
ap		controlled entity or family member of any of the	nese persons		22	
_	23	Secured mortgages and notes payable to unr	elated third parties		23	
	24	Unsecured notes and loans payable to unrela-	,		24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin				
		of Schedule D		331250.	25	164101
	26	Total liabilities. Add lines 17 through 25		407678.	26	347213
,		Organizations that follow FASB ASC 958, c	heck here ▶ X			
š		and complete lines 27, 28, 32, and 33.		20000		66400
la l	27	Net assets without donor restrictions		388802.	27	664007
<u>B</u>	28	Net assets with donor restrictions		456511.	28	501129
밀		Organizations that do not follow FASB ASC	958, check here			
딘		and complete lines 29 through 33.				
<u>s</u>	29	Capital stock or trust principal, or current fund			29	
Se	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		0.1501.0	31	4465465
Se	32	Total net assets or fund balances		845313.	32	1165136
	33	Total liabilities and net assets/fund balances		1252991.	33	1512349 (202)

Pa	t XI Reconciliation of Net Assets				•	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1		760	
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>45.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		84	532	<u>13.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	116	51:	36 .
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		3	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		3	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t			
	Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	:			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
	,(')		Fo	orm 9	990 (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization C & O CANAL TRUST, 30-0401642 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other n vour aovernina document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

(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.)

360	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨 🛚	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	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				4		
	governmental unit or publicly				7		
	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.)		
Sec	tion B. Total Support			7	•		
Cale	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
9	Net income from unrelated business						
	activities, whether or not the		3				
	business is regularly carried on		7				
10	Other income. Do not include gain						
	or loss from the sale of capital	C_1	•				
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	tc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	J -	st, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						>
	tion C. Computation of Public						
	Public support percentage for 2021 (lin					14	%
	Public support percentage from 2020 S					15	<u>%</u>
16a	33 1/3% support test - 2021. If the or				14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies a		•				
b	33 1/3% support test - 2020. If the or						
	and stop here. The organization qualif						
17a	10% -facts-and-circumstances test -	_					
	and if the organization meets the facts				•	VI how the organiz	ation
	meets the facts-and-circumstances tes	-		* * *	-		
b	10% -facts-and-circumstances test -	ū				•	10% or
	more, and if the organization meets the				-		. \square
	organization meets the facts-and-circur						>
18	Private foundation. If the organization	did not check a b	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

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.)

Se	ction A. Public Support	ciow, picase comp	icte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(4, 20	(2) 20:0	(5) = 5 : 5	(9) 2020	(0, =0= :	(1) 10101
	include any "unusual grants.")	561103.	535300.	508885.	687583.	777363.	3070234.
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	125669.	133721.	139009.	257494.	216823.	872716.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf				4		
5	The value of services or facilities furnished by a governmental unit to the organization without charge	22950.	22950.	22950.	25000.	25000.	118850.
6	Total. Add lines 1 through 5	709722.	691971.	670844.	970077.	1019186.	4061800.
	Amounts included on lines 1, 2, and	7037220	0,71,710	0,00110	3,00770		1001000
	3 received from disqualified persons			-			0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			1/O,			0.
	Add lines 7a and 7b		. (1			0.
	Public support. (Subtract line 7c from line 6.)						4061800.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	709722.	691971.	670844.	970077.	1019186.	4061800.
10	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1,.	1.	1.			3.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	1.	1.	1.			3.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on)					
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	217.	668.	32.	3162.	4876.	8955.
	Total support. (Add lines 9, 10c, 11, and 12.)	709940.	692640.	670877.	973239.	1024062.	4070758.
14	First 5 years. If the Form 990 is for the	· ·		•			·
90	check this box and stop here ction C. Computation of Publi						P
	•			l (f\)		45	99.78 %
	Public support percentage for 2021 (I		•	.,,		15	0000
16 Se	Public support percentage from 2020 ction D. Computation of Inves					16	99.89 %
17				ne 13 column (f))		17	.00 %
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the						
•	more than 33 1/3%, check this box ar						► \\
_	,		J	,,	3		
k	o 33 1/3% support tests - 2020. 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
k	33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, che	· ·				•	. \square

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and 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")? *If* "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.)

_		Yes	No
L	1		
L	2		
L	3a		
	3b		
	3c		
	4a		
	4b		
	4-		
	4c		
	5a		
	Ja		
	5b		
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L	7		
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	9a		
	9b		
	0.		
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	10-		
	10a		
	10h		
	10b		

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Schedule A (Form 990) 2021

Pai	Tiv 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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	tion o. Type if 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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	mon 217 m Type m capper and cigamizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Sche	dule A (Form 990) 2021 C & O CANAL TRUST, INC			30-0401642 Page 6
Pai	, , , , , , , , , , , , , , , , , , ,			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
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		1	
	instructions for short tax year or assets held for part of year):		0	
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	1	7	
	(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		

Schedule A (Form 990) 2021

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

4 Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

Schedule A (Form 990) 2021

c Excess from 2019d Excess from 2020e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	4
	. 0
· ·	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Employer identification number

C & O CANAL TRUST, INC

30-0401642

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \bigsim \frac{1}{2} \int \frac{

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

C & O CANAL TRUST, INC

- ∝ ∪ Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	•	-0401042
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>16000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 7000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	1 otal contributions	Type of contribution
3		\$9200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and zin +4	\$ 5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$15000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
6	Name, address, and ZIP + 4	\$ 5000.	Person X Payroll Noncash

Name of organization

Employer identification number

C & O CANAL TRUST, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$55050 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and zin +4	\$ 7500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

C & O CANAL TRUST, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$12000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$13100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
16	DIBILO:	\$5500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$16000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

C & O CANAL TRUST, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$10000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$30000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
22	Name, address, and zin +4	\$ 5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$5400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$ <u>12715.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

C & O CANAL TRUST, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 89500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$9000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	DUBLIC :	\$5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$10000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$6000.	Person X Payroll Noncash
			(Complete Part II for noncash contributions Schedule B (Form 990)

Name of organization

Employer identification number

C & O CANAL TRUST, INC

. & U	CANAL IRUSI, INC	•	-0401042
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ 6000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	- DIBLIC	\$10000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$10000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

C & O CANAL TRUST, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ 6917.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$ <u>15000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	Name, address, and Zirt+4	\$ 5000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$9020.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

C & O CANAL TRUST, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$10000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$ R6600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$10000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	DUBIL TO THE PROPERTY OF THE P	\$ 9202.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

C & O CANAL TRUST, INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4.1	7 shares of AAPL		
41			
		\$	09/20/22
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Decomption of Honocomproperty given	(See instructions.)	Bate received
4.1	12 shares of MSFT	0,	
41		0,	
		\$ 2899.	09/20/22
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of Honorous Property given	(See instructions.)	Buto rossirou
4.1	7 shares of BMY		
41			
		\$ 416.	11/09/21
(a)	14	(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncast property given	(See instructions.)	Date received
	26 shares of EOM		
41			
		\$ 1712.	11/09/21
		Ψ	
(a)	•	(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncasti property given	(See instructions.)	Date received
	20 shares of PG		
41			
		\$ 2904.	11/09/21
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		•	
123/153 11-11		\$	Schedule R (Form 990) (2021)

Page 4

Name of organization **Employer identification number** C & O CANAL TRUST, 30-0401642 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gif Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

C & O CANAL TRUST, INC

Employer identification number 30-0401642

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the				
	organization answered Tes Sitt Offi 556,1 artiv, inte	(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 v	vriting that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	2 `				
	Preservation of land for public use (for example, recreat	tion or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation o	a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied 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)	2c				
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ure				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax				
	year ▶	X					
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the peri						
	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cons	servation easements during the year				
	<u> </u>						
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year				
_	* \$		(1) (1) (2) (1)				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1/0(
_							
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the				
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	ther Similar Assets				
	Complete if the organization answered "Yes" on Form						
12	If the organization elected, as permitted under FASB ASC 958		and halance sheet works				
ıa		•					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
h	If the organization elected, as permitted under FASB ASC 958						
D	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	exhibition, education, or research in farti	lerance of public service,				
			▶ ¢				
	(i) Revenue included on Form 990, Part VIII, line 1						
2			l gain, provide				
_	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1	_	> \$				
	Assets included in Form 990, Part X						

132051 10-28-21

Schedule D (Form 990) 2021

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

Par	t III	Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or	Other S	imilar Ass	ets (conti	nued)	
3	Usin	g the organization's acquisition, accession	n, and other record	ls, check any of the	following that	make signi	ficant use of	its		
	collection items (check all that apply):									
а	X	Public exhibition		Loan or ex	change prograi	m				
b	X	Scholarly research	•	Other						
С	X	Preservation for future generations								
4	Prov	ide a description of the organization's co	llections and explai	n how they further	the organizatior	n's exempt	purpose in F	Part XIII.		
5	Durir	ng the year, did the organization solicit or	receive donations	of art, historical trea	asures, or other	r similar ass	sets			
		e sold to raise funds rather than to be ma						Yes		No_
Par	t IV	•		ete if the organizati	on answered "	Yes" on Fo	rm 990, Part	IV, line 9, or		
		reported an amount on Form 990, Par	t X, line 21.							
1a	Is the	e organization an agent, trustee, custodia	an or other intermed	liary for contribution	ns or other asse	ets not incl	uded			_
	on F	orm 990, Part X?						Yes		No
b	If "Ye	es," explain the arrangement in Part XIII a	and complete the fo	llowing table:						
								Amoun	t	
С	Begi	nning balance					1c			
d	Addi	tions during the year					1d			
е	Distr	ibutions during the year				\sim	1e			
f		ng balance					1f			
2 a	Did t	he organization include an amount on Fo	orm 990, Part X, line	21, for escrow or o	custodial accou	int liability?		Yes	L	_ No
		es," explain the arrangement in Part XIII.								
Par	t V	Endowment Funds. Complete in								
			(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years b	ack (e) Fou	r years	back
1a	Begi	nning of year balance			7					
b	Cont	tributions		()					
С	Net i	nvestment earnings, gains, and losses								
d	Gran	its or scholarships								
е	Othe	er expenditures for facilities		/()						
	and	programs								
f		inistrative expenses								
g		of year balance	<u> </u>							
2	Prov	ide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a)) held as:					
а	Boar	rd designated or quasi-endowment 🕨 ַ	167	%						
b	Perm	nanent endowment	%							
С			%()							
		percentages on lines 2a, 2b, and 2c shou								
3a	Are t	there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administere	ed for the o	rganization			
	by:								Yes	No
		Unrelated organizations								
		Related organizations								
b		es" on line 3a(ii), are the related organiza			?			3b		
Do:		cribe in Part XIII the intended uses of the		wment funds.						
Pai	t VI	Land, Buildings, and Equipm		Doubly line 44.	C F 000	Dart V. Erra	. 10			
		Complete if the organization answered		<u> </u>		•				
		Description of property	(a) Cost or on the contract (a) Cost or on the cost of		st or other s (other)		ımulated ciation	(d) Boo	k valu	e
1a	Lanc	1								
b		dings								
С		ehold improvements								
d		pment								
е	Othe									
Total	. Add	lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X. column (B). line	10c.)					0.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.		30-0401642 P
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial derivatives		
Closely held equity interests		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		O '
(2)		
(3)		
(4)		
(5)		
(6)		72
(7)		()
(8)		VO.
(9)		*
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	(_)	
Part IX Other Assets.		
Complete if the organization answered "Yes" o		
(a) D	Description	(b) Book value
(1)	3	
(2)	N	
(3)	<u> </u>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.
(a) Description of liability	·	(b) Book value
(1) Federal income taxes		
DADY CEDITOR WACK ACREEMENT	m.c	26

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PARK SERVICE TASK AGREEMENTS	2650.
(3)	COMPENSATED ABSENCES	11451.
(4)	LONG-TERM DEBT	150000.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	164101.

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

Schedule D (Form 990) 2021

	edule D (Form 990) 2021 C & O CANAL TRUST, INC		0401642 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1304243.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 36575.		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	36575.
3	Subtract line 2e from line 1	3	1267668.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1267668.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	984420.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	36575.
3	Subtract line 2e from line 1	3	947845.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 900, Both Vice 19)	5	947845.

Part XIII Supplemental Information.

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

Part III, line 1a:

COLLECTIONS CONSIST OF ANTIQUES THAT ARE EXPECTED TO BE DONATED TO THE C&O NATIONAL HISTORICAL PARK TO FURNISH LOCK HOUSES AS PART OF THE CANAL **OUARTERS PROGRAM.** THESE ASSETS ARE CARRIED AT FAIR VALUE.

Part X, Line 2:

BASED ON ITS INTERPRETATION OF THE REQUIREMENTS OF ASC 740-10, MANAGEMENT BELIEVES THAT THE TRUST HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE. THE TRUST IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization						Employer ide	ntification number
C & O C.	ANAL TRUST, INC					30-0401	642
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, li	ne 1	7. Form 990-EZ	filers are not
required to complete this part							
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or 	e Solicitat f Solicitat g Special	ion of ion of fundra	non-g gover iising (overnment grants nment grants events	toos	Or.	
key employees listed in Form 990, Pa	· · · · · · · · · · · · · · · · · · ·	-	-		ices,	Yes	☐ No
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the		ant to	agreer	nents under which th	e fur	ndraiser is to be	•
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	10			
				17			
		K	1				
		<u>ر</u>					
	c Q V						
	43,						
	*						
8,							
Total			•				
List all states in which the organizatio or licensing.			utions	or has been notified	it is	exempt from req	gistration

132081 10-21-21

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

Schedule G (Form 990) 2021

30-0401642 Page 2 C & O CANAL TRUST, INC Schedule G (Form 990) 2021 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PARK AFTER None (add col. (a) through DARK GALA col. (c)) (event type) (total number) (event type) 239468. 239468. 1 Gross receipts 195528. 195528. 2 Less: Contributions 43940. Gross income (line 1 minus line 2) 43940. 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 43940. 43940 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _

Schedule G (Form 990) 2021 132082 10-21-21

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain: _

Schedule G (Form 990) 2021 C & O CANAL TRUST, INC	30-0401642 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity fo	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books an	
THE Effect the hame and address of the person who prepares the organization's garning/special events books are	ia records.
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue.	ue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	the amount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	4
	7
Name ▶	
Address ►	
16 Gaming manager information:	
Name	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations o	r sport in the
organization's own exempt activities during the tax year \$\$	spent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Part III lines 9. 9h. 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	y and (v), and r art iii, iii es 5, 55, 105,
135, 136, 10, and 175, as applicable. Also provide any additional information. Occ instituctions.	

2021.05080 C & O CANAL TRUST, INC

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

2021
Open to Public

Inspection

Employer identification number Name of the organization 30-0401642 C & O CANAL TRUST, INC Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any Part II recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) NATIONAL PARK SERVICE C&O CANAL NATIONAL HISTORICAL PARK - 1850 DUAL HIGHWAY - HAGERSTOWN, MD SUPPORT EDUCATIONAL AND MAINTENANCE PROGRAM 21740 53-0197094

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

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				1	
				Ö,	
			7		
			'\O'		
		CX			
art IV Supplemental Information. Provide the information	on required in Part I, lin	e 2, Part III, column	n (b); and any other ac	ditional information.	
rt I, Line 2:					
E C&O CANAL TRUST WORKS CLOSEI	LY WITH THE	C&O CANAL	NATIONAL H	ISTORICAL	
RK TO DEFINE THE PURPOSE AND A	AMOUNT OF FU	NDING FOR	EACH GRANT	, INCLUDING	
ECIFIC OBJECTIVES, TIMING AND				,	
.,					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

➤ Attach to Form 990.

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

C & O CANAL TRUST, INC

Employer identification number 30-0401642

	C & O CANAL		1110					± U T (7 4 2	
Pai	t I Types of Property	(a)	(b)	(c)			(d)			—
		Check if applicable	Number of contributions or items contributed	Noncash contr amounts repor Form 990, Part V	ted on		thod of det h contribut			s
1	Art - Works of art									
2	Art - Historical treasures	X	1		1588.	INDEPE	NDENT	VAI	'AU	ΓΙΟ
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes					4				
8	Intellectual property				4					
9	Securities - Publicly traded	X			9650.	Quoted	Fair	Mar	ket	= V
10	Securities - Closely held stock				X	2				
11	Securities - Partnership, LLC, or				()					
''	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -			7						
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial		. (1							
17	Real estate - Other									
18	Collectibles									
19	Food inventory		A							
20	Drugs and medical supplies		9							
21	Taxidermy	1	7							
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (USE OF OFFICE)	Х	1	2	5000.	MARKET	VALUE	3		
26	Other (ADVERTISING)	Х	1		6585.					
27	Other (REPAIR SUPPLI)	Х	5			MARKET	VALUE	3		
28	Other (Contractual P)	X	1		0.					
29	Number of Forms 8283 received by the organization	zation during	the tax vear for co	ontributions						
	for which the organization completed Form 82	•			29					
	when the organization completed form of	00,1 411 1, 2	one of termoug						Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I line	s 1 throug	nh 28 that it	ſ		100	110
ooa	must hold for at least three years from the date						- 1			
							- 1	200		Х
h	exempt purposes for the entire holding period'	·					·····	30a		
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance is	nolicy that re	auires the review	of any nonetandar	d contribu	tions?	- 1	24		Х
31		•	•	•			·····	31		
32a	Does the organization hire or use third parties		•					00-		х
	contributions?							32a		lacksquare
	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column	(a) is che	cked,				
	describe in Part II.									

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

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

C & O CANAL TRUST, INC

Employer identification number 30-0401642

Form 990, Part I, Line 1, Description of Organization Mission:

NATIONAL HISTORICAL PARK. THE TRUST SEEKS TO ENSURE THAT THE PARK'S

NATURAL, HISTORICAL, AND RECREATIONAL POTENTIAL IS FULLY REALIZED.

Form 990, Part III, Line 4a, Program Service Accomplishments: FY22.

SUPPORT THE PARK'S 2) THE C&O CANAL TRUST PROVIDED CRITICAL FUNDS TO CANAL CLASSROOMS EDUCATION PROGRAM WHICH DELIVERS CURRICULUM-BASED ARTS, STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, MATH) INSTRUCTION TO AREA SCHOOLCHILDREN. PROGRAMS ARE TYPICALLY DELIVERED IN AN "OUTDOOR CLASSROOM" SETTING AT THE CANAL. DURING THE PANDEMIC MANY VIRTUAL RESOURCES WERE DEVELOPED INCLUDING LIVE VIRTUAL CLASSES. IN FY22, MORE THAN 1,000 K-12TH GRADE STUDENTS PARTICIPATED VIRTUALLY IN CANAL 40 CANAL EXPLORER BACKPACKS WERE DISTRIBUTED TO ALLEGANY CLASSROOMS. AND WASHINGTON COUNTY PUBLIC SCHOOLS. EACH BACKPACK INCLUDES READY-MADE ACTIVITIES AND CURRICULUM THAT CAN BE PUT TO USE IN THE CLASSROOM OR THEPARK, AND WILL REACH AS MANY AS 15,000 CHILDREN SCHOOLYARD INANNUALLY.

3)THE C&O CANAL TRUST'S CANAL DISCOVERIES PROVIDES A VIRTUAL TRIP

PLANNING TOOLBOX INCLUDING A MAP-BASED WEBSITE, STORIES FROM ALONG THE

LENGTH OF THE CANAL, NARRATED BY NPS RANGERS, AND INTERPRETIVE AUDIO

PODCASTS. THE TRUST HAS ALSO DEVELOPED THE C&O CANAL EXPLORER, AN AWARD

WINNING DOWNLOADABLE GEOLOCATION-BASED MOBILE APP, THAT HAS BEEN

DOWNLOADED BY MORE THAN 10,200 PARK VISITORS.

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization

C & O CANAL TRUST, INC

Employer identification number 30-0401642

Form 990, Part III, Line 4b, Program Service Accomplishments:

2)THE C&O CANAL TRUST'S VOLUNTEER QUARTERMASTERS PROGRAM CONTINUES TO

PROVIDE VOLUNTEER SUPPORT FOR THE UPKEEP AND GENERAL MAINTENANCE AND

PRESERVATION OF THE CANAL QUARTERS LOCKHOUSES. THE PROGRAM HAS 35

VOLUNTEER QUARTERMASTERS.

Form 990, Part III, Line 4c, Program Service Accomplishments:

(a) THE C&O TRUST RAISED \$36,372 in FY22 TO FUND TECHNICAL ASSISTANCE TO SUPPORT THE PARK'S MULTI-YEAR TOWPATH RESURFACING CAMPAIGN.

3)IN FY22, OUR CANAL FOR ALL PROGRAM FOCUSED ON ENGAGING

DEMOGRAPHICALLY UNDERREPRESENTED AUDIENCES THROUGH RECREATIONAL,

VOLUNTEER AND EDUCATIONAL OPPORTUNITIES. TO DATE, NEARLY 355

UNDERSERVED YOUTH AND YOUNG ADULTS, INCLUDING LATINX AND AFRICAN

AMERICAN COMMUNITIES, PARTICIPATED IN ONE OF THE TRUST'S CANAL FOR ALL

PROGRAMS.

Form 990, Part VI, Section B, line 11b:

THE ORGANIZATION DISTRIBUTES A DRAFT OF FORM 990 TO ALL BOARD MEMBERS AND SOLICITS THEIR COMMENTS AND QUESTIONS REGARDING ANY CHANGES THEY BELIEVE SHOULD BE MADE TO THE TAX RETURN.

Form 990, Part VI, Section B, Line 12c:

THE ORGANIZATION ANNUALLY DISSEMINATES ITS CONFLICT OF INTEREST POLICY TO
ALL BOARD MEMBERS AND ASKS THEM TO DOCUMENT ANY LACK OF COMPLIANCE WITH THE

POLICY.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization C & O CANAL TRUST, INC	Employer identification number 30-0401642
	30 0101012
Form 990, Part VI, Section B, Line 15:	
THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATI	ON'S TOP
MANAGEMENT OFFICIAL INCLUDES PERFORMANCE EVALUATIONS AND F	REVIEWING
COMPARABILITY DATA IN THE LOCAL REGION.	
Form 990, Part VI, Section C, Line 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	JEST.
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2021 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	Website Development	03/01/15		36 M	НУ43	11325.				11325.	11325.		0.	11325.
2	website Development	06/30/17		36 M	HY43	14200.				14200.	14200.		0.	14200.
	* Total 990 Page 10 Depr & Amort					25525.				25525.	25525.		0.	25525.
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128111 04-01-21

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone