(Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

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

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

and ending

OMB No. 1545-0047

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

Open to Public Inspection

В	Check if applicable	C Name of organization	D Employer ide	entification number
_	∏Addres	THE CORPORATION FOR DEFFERSON S		
L	change	POPLAR FOREST		.0006
	change		54-125	
F	return Final	Number and street (or P.O. box if mail is not delivered to street address) P. O. BOX 419		ımber 25-1806
	—Jreturn/ termin-			$\frac{2,847,350}{2}$
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	
H	lreturn Applica tion		H(a) Is this a gro	
	tion pendin	P.O. BOX 419, FOREST, VA 24551		nates included? Yes No
$\overline{\mathbf{T}}$	Тау.еуе	mpt status: X 501(c)(3)		ach a list. (see instructions)
		e: ► WWW.POPLARFOREST.ORG		nption number
				B 3 M State of legal domicile: VA
		Summary		IN State of logal definitions
_	1 1	Briefly describe the organization's mission or most significant activities: $rac{ extbf{RESTORA'}}{ extbf{RESTORA'}}$	TION OF JEFF	FERSON'S
Activities & Governance]	RETREAT- EDUCATIONAL/CHARITABLE		
ernő.		Check this box 🕨 🔲 if the organization discontinued its operations or disposed of		
ŏ	8 1	Number of voting members of the governing body (Part VI, line 1a)		3 24
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b)		4 24
ies		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5 34
Ĭ	6	Total number of volunteers (estimate if necessary)		6 110
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a -9,896.
	d	Net unrelated business taxable income from Form 990-T, line 39		7b -9,999.
		2	Prior Year 1,193,52	Current Year 1,626,442.
Revenue	8 (Contributions and grants (Part VIII, line 1h)	202 17	
Ven	9 1	Program service revenue (Part VIII, line 2g)		
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1 2 2 2	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 606 55	
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-	0. 0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4000	
JSe	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 286,197.		
û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,967,91	1,883,783.
	1	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,104,88	2,102,523.
	19	Revenue less expenses. Subtract line 18 from line 12		
Net Assets or Find Balances			Beginning of Current	
sets	20	Fotal assets (Part X, line 16)	17,317,38	
AS Pur	21	Fotal liabilities (Part X, line 26)	2,117,59	
	22	Net assets or fund balances. Subtract line 21 from line 20	15,199,78	39. 15,558,907.
	art II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s s, and complete. Declaration of preparer (other than officer) is based on all information of which pre	•	
uue	e, correct	, and complete. Declaration of preparer (other than officer) is based on an information of which pre	parer has any knowledge	
Sig		Signature of officer	I Date	
He		ALYSON M. RAMSEY, PRESIDENT & CEO		
110		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date	ck PTIN
Pai		MELISSA STANLEY MELISSA STANLEY	07/17/20 if self	P00720497
Pre	-	Firm's name BROWN, EDWARDS & COMPANY, L.L.P.	Firm's El	V ► 54-0504608
Use		Firm's address 2102 LANGHORNE ROAD, SUITE 200		
		LYNCHBURG, VA 24501-1121	Phone no	.434-948-9000
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PRESERVE THOMAS JEFFERSON'S PERSONAL RETREAT AND PLANTATION, TO
	INSPIRE EXPLORATION OF HIS ENDURING LEGACY, AND TO TELL THE STORIES OF
	THE FREE AND ENSLAVED PEOPLE WHO LIVED AND WORKED AT POPLAR FOREST.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? — Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 340,978. including grants of \$) (Revenue \$)
	INVESTIGATION AND RESTORATION OF JEFFERSON-DESIGNED BUILDINGS AT HIS
	RETREAT (1806). INCLUDES COSTS OTHER THAN THOSE CAPITALIZED
4b	(Code:) (Expenses \$ 494,034 • including grants of \$) (Revenue \$)
	ARCHAEOLOGICAL INVESTIGATION OF JEFFERSON'S ORNAMENTAL AND PLANTATION
	LANDSCAPE
	605.001
4c	(Code:) (Expenses \$ 695,231. including grants of \$) (Revenue \$ 275,856.)
	EDUCATIONAL SERVICES TO THE PUBLIC, INCLUDING GUIDED TOURS, HANDS-ON PROGRAMS FOR SCHOOL CHILDREN, FIELD SCHOOLS FOR ADULTS, AND PUBLIC
	PROGRAMS FOR SCHOOL CHILDREN, FIELD SCHOOLS FOR ADULTS, AND PUBLIC PROGRAMS
	T I TOOLUTED
4d	
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,530,243.
4e	Total program service expenses ► 1,530,243. Form 990 (2019)
	101111336 (2019)

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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		
8		8	Х	
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0	21	
9	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	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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		X

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THE CORPORATION FOR JEFFERSON'S POPLAR FOREST

Form 990 (2019)

Part IV Checklist of Required Schedules (continued)

 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		
		37
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37
Schedule J 23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	- 1	
Schedule K. If "No," go to line 25a		Х
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	\dashv	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1	
any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		37
Schedule L, Part I		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		Х
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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		
instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		
"Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	4	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//		х
"Yes," complete Schedule L, Part IV 28c	x +	
 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 	+	
contributions? If "Yes," complete Schedule M		Х
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		
Schedule N, Part II		Х
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		7.7
Part V, line 1	_	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	+	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		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		Х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
	X	
Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response or note to any line in this Part V		<u> </u>
1 1 22	es	No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		
	x	

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THE CORPORATION FOR JEFFERSON'S POPLAR FOREST

Form 990 (2019)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

٥-	Established and the second and the s	I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_{2a} 34			
	filed for the calendar year ending with or within the year covered by this return		Oh	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	25	
20	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X
b	If "Yes," enter the name of the foreign country	2000unty:	-1 u		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (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 transa		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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 contribut				
	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 \ $	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			۱
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			177
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes,		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		•		
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	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	401-			
_	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	In O	14a 14b		 ^
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		140		\vdash
IJ	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
	, , , , , , , , , , , , , , , , , , , ,				

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

0						Δ
Sec	tion A. Governing Body and Management					
		1 1	O 4E		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?		[2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	[4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	Г	5		X
6	Did the organization have members or stockholders?		Г	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		Γ			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		···· [
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		····			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?		- 1	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real		····			
_	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 F					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		Γ	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such or		···· ⊦	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		г	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ay before filling the form	'' h	11a		
	Did the organization have a written conflict of interest policy? If "No," go to line 13		- 1	12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
b			···· ⊦	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			40-	Х	
40	in Schedule O how this was done		····	12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?		····	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approve					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-	v	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization		····	15b	Λ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		- 1			v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	inization's				
0 -	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 ►VA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501	(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	.				
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflict of interest policy	, and	l finar	ncial	
	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 be	ooks and records $lacksquare$ _				
	ALYSON M. RAMSEY - (434) 525-1806					
	P. O. BOX 419, FOREST, VA 24551					

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c	Pos heck ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer pa		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) BOYCE BRANNOCK	2.00	١.,							_	0
BOARD OF DIRECTORS	1 2 00	Х						0.	0.	0.
(2) DENNIS A. DUTTERER	2.00	١,,								0
BOARD OF DIRECTORS	1 2 00	Х						0.	0.	0.
(3) MELANIE CHRISTIAN	2.00	١,,								0
BOARD OF DIRECTORS	1 2 00	Х						0.	0.	0.
(4) SALLY B. GLADDEN	2.00	١,,								0
BOARD OF DIRECTORS	2 00	Х						0.	0.	0.
(5) JOHN A. CONSTANCE	2.00	ļ ,,							0	0
BOARD OF DIRECTORS	2 00	Х						0.	0.	0.
(6) W. TUCKER LEMON	2.00	٠,		37						0
IMM PAST CH; BOARD OF DIRE	2 00	Х		Х				0.	0.	0.
(7) HELEN REVELEY	2.00	٠,								0
BOARD OF DIRECTORS	2 00	Х						0.	0.	0.
(8) DR. WENDY L. TACKETT	2.00	٠,								0
BOARD OF DIRECTORS	2 00	Х						0.	0.	0.
(9) R. WILLIAM MOORE, JR.	2.00	Į.,							0	0
BOARD OF DIRECTORS	2 00	Х						0.	0.	0.
(10) MARVIN C. SMITH	2.00	٠,							0	0
BOARD OF DIRECTORS	1 2 00	Х						0.	0.	0.
(11) MICHAEL C. QUINN	2.00	١,,								0
BOARD OF DIRECTORS	1 2 00	Х						0.	0.	0.
(12) KAY VAN ALLEN	2.00	ļ ,,							0	0
BOARD OF DIRECTORS	2 00	Х						0.	0.	0.
(13) MASSIE G. WARE JR.	2.00	٠,,							0	0
BOARD OF DIRECTORS	2 00	Х						0.	0.	0.
(14) WILLIAM W. SEMONES	2.00	٠,,							0	0
BOARD OF DIRECTORS	2 00	Х						0.	0.	0.
(15) J. FREDERICK ARMSTRONG	2.00	Į.,		37						^
CHAIRMAN; BD OF DIRECTORS	1 2 00	Х	\vdash	Х		-		0.	0.	0.
(16) DR. KATHRYN M. PUMPHREY	2.00	₩.								^
VICE CHAIR; BD OF DIRECTOR	1 2 00	Х					_	0.	0.	0.
(17) FRANCIS B. TEAGUE III	2.00	x		х				0.	0.	0.
TREASURER		Δ		Λ				1 0.	<u> </u>	Eorm 990 (2010)

Form **990** (2019)

THE CORPORATION FOR JEFFERSON'S 54-1258296 Form 990 (2019) POPLAR FOREST Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations line) 2.00 (18) CALDER LOTH 0. 0. 0. BOARD OF DIRECTORS (19) CATHERINE W. LYNN 2.00 X 0 0. 0. BOARD OF DIRECTORS 2.00 (20) STEPHEN H. WATTS, II X 0 X 0. 0. SECRETARY; BD OF DIRECTORS (21) CHRISTIAN STEVENS WAYT 2.00 X 0 0. BOARD OF DIRECTORS 0. 2.00 (22) STERLING A. WILDER 0 0. BOARD OF DIRECTORS X 0. (23) REMMEL T. DICKINSON 2.00 X 0. 0. BOARD OF DIRECTORS 0. (24) DR. DAVID A. VAUGHAN 2.00 X 0. 0. 0. BOARD OF DIRECTORS 40.00 (25) JEFFREY L. NICHOLS X 105,825 10,552. PRESIDENT AND CEO 40.00 (26) ALYSON M. RAMSEY PRESIDENT AND CEO Х 88,341 0 14,020. 194,166. 0. 24,572. 1b Subtotal 0. 0. 0. c Total from continuation sheets to Part VII, Section A 24,572. 194,166. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 2 compensation from the organization

			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

\$100,000 of compensation from the organization

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

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2 Te	otal number of independent contractors (including but	not limited to those liste	ed above) who received more than	

Form 990 (2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any lin	ne in this Part VIII			
		Officer if Correctal C Contains a respons	ic of flote to arry in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	` '	Revenuè éxcluded
					function revenue	business revenue	from tax under
<u> </u>							sections 512 - 514
nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
	С	Fundraising events1c	22,954.				
		Related organizations 1d					
		Government grants (contributions) 1e	58,000.				
Sign		All other contributions, gifts, grants, and	·				
ig E	•		,545,488.				
걸히	_	··· 	208,680.				
e p	_			1,626,442.			
9	n	Total. Add lines 1a-1f		1,020,442.			
		ADMICCIONC AND BIRLD	Business Code	251 656	251 656		
e e	2 a	ADMISSIONS AND FIELD	561520	251,656.	251,656.		
e ₹	b	EDUCATIONAL PROGRAMS	561520	70,948.	70,948.		
S E	С	·					
eve	d						
Program Service Revenue	е						
Ŗ	f	All other program service revenue					
	a	Total. Add lines 2a-2f		322,604.			
	3	Investment income (including dividends, into		,			
	Ū	other similar amounts)		77,732.			77,732.
	4	Income from investment of tax-exempt bond		7777520			.,,,,,,,,,
	4	-	•				
	5	Royalties(i) Real					
			(ii) Personal				
	6 a	Gross rents 6a 178,399					
	b	Less: rental expenses 6b 152,875					
	С	Rental income or (loss) 6c 25,524	•				
	d	Net rental income or (loss))	25,524.		-9,896.	35,420.
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory $7a \boxed{434,609}$	•				
	b	Less: cost or other basis					
e le		and sales expenses					
en	c	Gain or (loss) 7c 52,211					
Revenue		Net gain or (loss)	_	52,211.	-46,748.		98,959.
ther		Gross income from fundraising events (not	·····	32/2110	10 / / 10 0		3073331
O th	0 a	00 054					
١							
		contributions reported on line 1c). See	75 040				
		,	a 75,940.				
		· · · · · · · · · · · · · · · · · · ·	b 43,767.	20 172			20 102
	С	Net income or (loss) from fundraising events	<u></u>	32,173.			32,173.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	a				
	b	Less: direct expenses	b				
	С	Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
			_{Da} 122,447.				
	h		оь 63,773.				
		Net income or (loss) from sales of inventory		58,674.			58,674.
$\overline{}$		140t modifie of (1000) from sales of inventory	Business Code	22,0,10			22,3,20
sne	44 ~	MISC REVENUE	900099	9,177.			9,177.
Jec ne			. 500099	J, ± / / •			J,±11•
la	b		.				
Miscellaneous Revenue	С		.				
≝¯		All other revenue		^ 4 = =			
	е	Total. Add lines 11a-11d)	9,177.	255		046 45=
	12	Total revenue. See instructions)	2,204,537.	275,856.	-9,896.	312,135.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	104 167	07 275	77 667	20 125
_	trustees, and key employees	194,167.	87,375.	77,667.	29,125
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	0 302	1 226	3 757	1 // 0
_	section 401(k) and 403(b) employer contributions)	9,392. 15,181.	4,226. 6,832.	3,757. 6,072.	1,409 2,277
9	Other employee benefits	13,101.	0,032.	0,014.	4,411
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying Professional fundraising convices Cos Part IV line 17				
e	Professional fundraising services. See Part IV, line 17	16,009.		16,009.	
f	Other. (If line 11g amount exceeds 10% of line 25,	10,005.		10,003.	
g	column (A) amount, list line 11g expenses on Sch 0.)				
10	Advertising and promotion				
12 13	F				
14	Office expenses				
15	Information technology				
16	Royalties				
17	Occupancy				
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	251,699.	191,718.	59,981.	
23		= , = = = =	, • •	/	
23 24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	RESTORATION	639,850.	639,850.		
b	VISITATION & INTERPRETA	600,242.	600,242.		
C	DEVELOPMENT	253,386.	,		253,386
d	PUBLIC RELATIONS	61,535.		61,535.	/
	All other expenses	61,062.		61,062.	
25	Total functional expenses. Add lines 1 through 24e	2,102,523.	1,530,243.	286,083.	286,197
26	Joint costs. Complete this line only if the organization	, , , , , , , , , , , , , , , , , , , ,		,	- ,
	1,71				
	Check here if following SOP 98-2 (ASC 958-720)				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				Form 990

Form **990** (2019)

Part X | Balance Sheet

Part	. ^	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,389,621.	1	1,011,069
	2	Savings and temporary cash investments	95,511.	2	85,479		
	3	Pledges and grants receivable, net	984,431.	3	886,832		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			65,372.	8	57,402
₹	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,453,439.			
	b	Less: accumulated depreciation		5,423,943.	12,043,304.	10c	12,029,496
	11	Investments - publicly traded securities			1,410,652.	11	3,471,296
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		F	23,631.	14	22,371
	15	Other assets. See Part IV, line 11	304,859.	15	304,857		
	16	Total assets. Add lines 1 through 15 (must equ			17,317,381.	16	17,868,802
	17	Accounts payable and accrued expenses	124,913.	17	142,516		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
: ا ي	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				22	
ַן בֿ	23	Secured mortgages and notes payable to unrela			1,992,679.	23	2,167,379
	24	Unsecured notes and loans payable to unrelate		-		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
		of Schedule D	,			25	
- 1:	26	Total liabilities. Add lines 17 through 25			2,117,592.	26	2,309,895
		Organizations that follow FASB ASC 958, che					
Se		and complete lines 27, 28, 32, and 33.					
	27				12,357,025.	27	11,901,414
ַ מַ	28	Net assets with donor restrictions			2,842,764.	28	3,657,493
		Organizations that do not follow FASB ASC 9					
[and complete lines 29 through 33.	-				
0 S	29	Capital stock or trust principal, or current funds				29	
les	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
*	32	Total net assets or fund balances		F	15,199,789.	32	15,558,907
	33	Total liabilities and net assets/fund balances			17,317,381.	33	17,868,802

Form **990** (2019)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				37.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,10		
3	Revenue less expenses. Subtract line 2 from line 1	3				14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15			89.
5	Net unrealized gains (losses) on investments	5				75.
6	Donated services and use of facilities	6		1	2,1	29.
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	15	,55	8,9	07.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O	_			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it			
	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 required	ired audi	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

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

Open to Public Inspection

THE CORPORATION FOR JEFFERSON'S Employer identification number Name of the organization POPLAR FOREST 54-1258296 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Total

Schedule A (Form 990 or 990-EZ) 2019 POPLAR FOREST

Pa	rt II Support Schedule for	•					•
	(Complete only if you checke fails to qualify under the tests				n failed to qualify (under Part III. If the	organization
Sec	ction A. Public Support	, lioted below, piea	.sc complete i alt	,			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2010	(0) 2011	(4) 2010	(6) 2010	(i) Total
·	membership fees received. (Do not						
	include any "unusual grants.")	2332739.	1646456.	1972938.	1190501.	1626441.	8769075.
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	2332739.	1646456.	1972938.	1190501.	1626441.	8769075.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						0462520
	column (f)						2463730.
6							6305345.
	ction B. Total Support		" > 00 + 0	() 00/-	(, , , , , ,		(0.7
	ndar year (or fiscal year beginning in)	(a) 2015 2332739.	(b) 2016 1646456.	(c) 2017 1972938.	(d) 2018 1190501.	(e) 2019 1626441.	(f) Total 8769075.
	Amounts from line 4	2332133.	1040430.	19/2930.	1190301.	1020441.	0109013.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	204,057.	212,330.	218,330.	219,469.	256,131.	1110317.
9	Net income from unrelated business	201/03/1	212/3301	210,3301	213 / 103 0	230,1311	
J	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						9879392.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 2	,701,424.
	First five years. If the Form 990 is for						_
_	organization, check this box and stor	here	<u></u>				
	ction C. Computation of Publ						62.00
	Public support percentage for 2019 (14	63.82 %
	Public support percentage from 2018						73.37 %
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
47.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "facts and circumstances"						
L	meets the "facts-and-circumstances" 10% -facts-and-circumstances tes						
Ĺ	more, and if the organization meets the						
	organization meets the "facts-and-circ		•		• •		
	organization mooto the hadio alla-elle	Ja. 110ta 1003 103t.	organization (14411100 do a public	on ouppoint and		- -

Schedule A (Form 990 or 990-EZ) 2019

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

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	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	` `	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5			-			
/ 6	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
-	check this box and stop here						<u></u>
	ction C. Computation of Publ					 	
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					14-1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2019. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						\

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1	
1	
2	
3a	
3b	
3c	
30	
4a	
48	
4b	
4c	
5a	
5	
5b	
5c	
30	
6	
7	
-	
8	
9a	
9b	
9c	
10a	
10b	

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 yea(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 government entity (see inst	ructions	í –	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	,			
	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 (a) and (b) 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? Provide details in Part VI.	3a		
b		6.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

932025 09-25-19

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ted Type III supporting ord	ranization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Pai	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)	
Sect	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	,	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

THE CORPORATION FOR JEFFERSON'S

Schedule A (Form 990 or 990-EZ) 2019 POPLAR FOREST 54-1258296 Page 8 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.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
CRANSTON WILLIAMS	638,542.	440,954.
T. JOSEPH POND	407,430.	209,842.
MR/MRS JOSEPH R GLADDEN, JR	555,220.	357,632.
THE GENAN FOUNDATION	550,000.	352,412.
SCHARNBERG TRUST	1,088,718.	891,130.
THE ROBERT & MAUDE MORGAN CABELL FOUNDATION	300,000.	102,412.
THE ESTATE OF VIRGINIA TIPTON CRAIG	254,524.	56,936.
WATSON-BROWN FOUNDATION	250,000.	52,412.
Total Excess Contributions to Schedule A, Part II, Line 5	'	2,463,730.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

THE CORPORATION FOR JEFFERSON'S POPLAR FOREST

Employer identification number

54-1258296

Organization type (check one):					
Filers of:		Section:			
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 990-l	PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
•	ŭ	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General R	lule				
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special R	ules				
se	ections 509(a)(1) a ny one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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; line 1. Complete Parts I and II.			
ye	ear, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I, II, and III.			
y is p	ear, contributions s checked, enter hourpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year			
but it mus	t answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Name of organization THE CORPORATION FOR JEFFERSON'S POPLAR FOREST

Employer identification number

54-1258296

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
1	ESTATE OF VIRGINIA TIPTON CRAIG C/O POPLAR FOREST, P.O. BOX 419 FOREST, VA 24551	\$54,375.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MR. & MRS. JOSEPH R. GLADDEN, JR. C/O POPLAR FOREST, P.O. BOX 419 FOREST, VA 24551	\$ <u>116,932</u> .	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
3	HANS ULLI SCHARNBERG TRUST C/O POPLAR FOREST, P.O. BOX 419 FOREST, VA 24551	\$ 203,601.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	MRS. DANIEL L. TAYLOR III C/O POPLAR FOREST, P.O. BOX 419 FOREST, VA 24551	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE JOSEPH AND ROBERT CORNELL MEMORIAL FOUNDATION C/O POPLAR FOREST, P.O. BOX 419 FOREST, VA 24551	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE GENAN FOUNDATION C/O POPLAR FOREST, P.O. BOX 419 FOREST, VA 24551	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE CORPORATION FOR JEFFERSON'S POPLAR FOREST

Employer identification number

54-1258296

Parti	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	INSTITUTE OF MUSEUM AND LIBRARY SERVICES C/O POPLAR FOREST, P.O. BOX 419 FOREST, VA 24551	\$\$	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	MRS. ANNE R. WORRELL C/O POPLAR FOREST, P.O. BOX 419 FOREST, VA 24551	s100,000.	Person X Payroll
(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.)
(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.)

Name of organization THE CORPORATION FOR JEFFERSON'S POPLAR FOREST

Employer identification number

54-1258296

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	2,123 SHS OF COCA-COLA		
2			
		\$\$\$	12/30/19
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See Instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)		(c)	
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
3453 11-06		\$	990 990-F7 or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** THE CORPORATION FOR JEFFERSON'S 54-1258296 POPLAR FOREST 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 (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 Open to Public Inspection

Name of the organization

THE CORPORATION FOR JEFFERSON'S POPLAR FOREST

Employer identification number 54-1258296

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt 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 organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		·
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	lanization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thanding of Violations, and emoroning conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	▶ \$	aming of the latter, and emercing content and	cacemente aaning inc year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	* * * * * * * * * * * * * * * * * * * *	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footi	•	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	rance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

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_	t III Organizations Maintaining C	ollections of Ar	t, Historica	I Trea	sures, o	r Othe	r Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any o	f the foll	lowing that	make si	ignificant	use of its		
	collection items (check all that apply):									
а	X Public exhibition	d	Loan o	r exchar	nge prograi	m				
b	X Scholarly research	е	U Other_							
С	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they furt	her the	organizatio	n's exer	npt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical	treasur	res, or othe	r similar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	X No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organi	zation a	answered "`	Yes" on	Form 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contrib	utions c	or other ass	sets not	included		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
									Amount	
С	Beginning balance						. 1c			
d	Additions during the year						1d			
е	Distributions during the year						. 1e			
f	Ending balance						. 1f		,	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow	or cust	odial accou	ınt liabili	ty?	L	Yes	∟ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if	· · · · · · · · · · · · · · · · · · ·	swered "Yes" o							
		(a) Current year	(b) Prior yea		c) Two years			ears back		years back
1a	Beginning of year balance	1,506,163.	1,648,	348.	1,486	,791.	1,4	56,749.	1,	560,544.
b	Contributions									
	Net investment earnings, gains, and losses	315,114.	-76,	540.	227	,901.	95,761			-40,280.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	66,763.	65,	545.	66	,344.		65,719.		63,515.
	Administrative expenses									
g	End of year balance		1,506,			,348.	1,4	86,791.	1,	456,749.
2	Provide the estimated percentage of the curr			mn (a)) h	held as:					
	Board designated or quasi-endowment	93.03	_%							
	Permanent endowment ► 6.13	%								
С	Term endowment ▶ .84 g									
	The percentages on lines 2a, 2b, and 2c show	·								
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are h	eld and	administer	ed for th	ne organiz	zation	Г	
	by:								-	Yes No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	^A_
	If "Yes" on line 3a(ii), are the related organiza			e R?					3b	
Bo:	Describe in Part XIII the intended uses of the		wment funds.							
Pal	t VI Land, Buildings, and Equipm		David IV lines 4	1- C	. Fa 000	David V	line 10			
	Complete if the organization answered		1						(-1) D1	
	Description of property	(a) Cost or ot basis (investm		Cost or asis (otl	I		cumulate reciation	ea	(d) Book	value
	Land	,	, l	•	,799 .	чер	reciation		5 665	7,799.
	Land				, 466.	4 6	20,7			692.
	Buildings		10,	550	, = 0 0 •	4,0	, 40, 1	' = •	5,703	, 0 2 4 •
	Leasehold improvements			521	,198.	/	47,4	47	73	3,751.
d	Equipment				,196. ,976.		55,7			$\frac{3,751.}{3,254.}$
	Other		V column (D)				, , , , , ,			,496.
ıota	. Add lines 1a through 1e. (Column (d) must ed	yuai rorm 990, Part .	^, coiumn (B), i	irie IUC	· <i>)</i>			<u> </u>	_, 043	, = 20 •

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 POPLAR FORES) I	54	±-1236296 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Table (Cal. (b) reveal or wall Farms 000, Part V, and (D) line 10.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 B . N. II		
Complete if the organization answered "Yes" c (a) Description of investment	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or er	ad of year market value
	(b) book value	(c) Method of Valuation. Cost of el	iu-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 000 Port IV line	a 11d Con Form 000 Port V line 15	
	escription	e 11d. See Form 990, Fart A, line 15.	(b) Book value
	Cooription		(b) Book value
(1)			
(2)			
(3)			
(4)			
<u>(5)</u> (6)			
(7)			
(8)			
(9) Table (Column (b) must equal Form 000, Part V, eq. (P) line	1E \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	13.)		•
Complete if the organization answered "Yes" of	n Form 990 Part IV line	a 11e or 11f See Form 990 Part Y line 2	5
(a) Description of liability	in on 350, raitiv, inte	e The or Thi. Gee Form 990, Fait A, line 2	(b) Book value
			(b) Book value
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	05.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			* - 414 4 ''
2. Liability for uncertain tax positions. In Part XIII, provide to	tne text of the footnote t	το τηe organization's financial statements	s tnat reports the

Schedule D (Form 990) 2019

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 900) 2019 POPLAR FOREST S4-1258296 Page Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.	THE CORPORATION FOR JEFFE	RSON'S			
Complete if the organization answered "Nes" on Form 990, Part IVI, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IVII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Cither (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Fart XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Ves" on Form 990, Part I, line 12a. 1 Total expenses and losses per audited financial statements 2a Donated services and use of facilities 2b Prior year adjustments 2 Donated services and use of facilities 2 Do Other (Describe in Part XIII) 2 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Donated services and use of facilities 3 Donated services and use of facilities 4 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities 5 Donated services and use of facilities 5 Donated services and use of facilities 5 Donated services and use of facilities 6 Donated Services and use of facilities 7 Donated Services and Services and Use of facilities 1 During 1 Du	Schedule D (Form 990) 2019 POPLAR FOREST			54-	1258296 Page
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 b 12, 129 5 b Donated services and use of facilities 2 b 12, 129 6 c Recoveries or prior year grants 6 Other (Describe in Part XIII.) 2 d 260, 416 7 d 3 Subtract line 2e from line 1 8 3 2, 187, 269 8 Amounts included on Form 990, Part VIII, line 12: 2 b 12, 129 6 c Add lines 2a through 2d 8 c 17, 268 9 c 260, 416 9 c	Part XI Reconciliation of Revenue per Audited Financial Statem	nents With	n Revenue per R	eturr	า.
2 Anounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Cther (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Announts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Announts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12). Complete if the organization answered 'Yes' on Form 990, Part I, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2, 345, 671 2 Announts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 D C Other losses 2 C d Other (Describe in Part XIII) e Add lines 2a through 2d 3 2, 085, 255 4 Announts included on Form 990, Part IX, line 25. but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c 17, 268 27, 107, 268 28 20 20, 107, 268 29 20, 107, 268 1 2, 107, 268 20 21, 107, 268 22 24 250, 416 25 26 27, 107, 268 27, 27, 268 28 29 20, 27, 27, 27, 28 29 20, 27, 27, 28 20, 27,	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2	1 Total revenue, gains, and other support per audited financial statements			1	2,704,789
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 12. but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 17b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total areyenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) 5 Total expenses and losse oper audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losse oper audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losse oper audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losse oper audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losse oper audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losse oper audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and outs of facilities 2	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
C Recoveries of prior year grants 2c 2d 260,416.	a Net unrealized gains (losses) on investments	2a			
d Other (Describe in Part XIII.) e Add lines 2a through 2d 2c 517,520 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 1 Total expenses and losses per audited financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Description of Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part II, line 18.) PART TIII, LINE 4: PART OF THE ORGANIZATION'S COLLECTIONS FIT INTO THE RESTORATION PROCESS (THE ANTIQUE TOOLS ARE USED TO DEMONSTRATE THE WOODWORKING PROCESS). HOWEVER, THE MAJORITY OF THE COLLECTION IS JEFFERSON-ERA FURNITURE AND LETTERS WRITTEN BY MR. JEFFERSON. THE COLLECTIONS FURTHER THE EXEMPT PURPOSE BY EDUCATING THE PUBLIC ABOUT THOMAS JEFFERSON AND PLANTATION LIFE	b Donated services and use of facilities	2b	12,129.		
e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IVII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	c Recoveries of prior year grants	2c			
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue, Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete If the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 2,085,255 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVI, line 7b 4 Amounts included on Form 990, Part IVI, line 7b 4 Amounts included on Form 990, Part IVI, line 7b 5 Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4e. (This must equal Form 990, Part I, line 18) Fart XIII Supplemental information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part IVI, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, Also complete this part to provide any additional information. PART III, LINE 4: PART OF THE ORGANIZATION'S COLLECTIONS FIT INTO THE RESTORATION PROCESS (THE ANTIQUE TOOLS ARE USED TO DEMONSTRATE THE WOODWORKING PROCESS). HOWEVER, THE MAJORITY OF THE COLLECTION IS JEFFERSON-ERA FURNITURE AND LETTERS WRITTEN BY MR. JEFFERSON. THE COLLECTIONS FURTHER THE EXEMPT PURPOSE BY EDUCATING THE PUBLIC ABOUT THOMAS JEFFERSON AND PLANTATION LIFE	d Other (Describe in Part XIII.)	2d	260,416.		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4e. (This must equal Form 990, Part I, line 12) Part XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Co Other losses d Other (Describe in Part XIII.) 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part III, line 7b b Other (Describe in Part XIII.) 4 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part III, line 7b b Other (Describe in Part XIII.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part X, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART III, LINE 4: PART OF THE ORGANIZATION'S COLLECTIONS FIT INTO THE RESTORATION PROCESS (THE ANTIQUE TOOLS ARE USED TO DEMONSTRATE THE WOODWORKING PROCESS). HOWEVER, THE MAJORITY OF THE COLLECTION IS JEFFERSON—ERA FURNITURE AND LETTERS WRITTEN BY MR. JEFFERSON. THE COLLECTIONS FURTHER THE EXEMPT PURPOSE BY EDUCATING THE PUBLIC ABOUT THOMAS JEFFERSON AND PLANTATION LIFE	e Add lines 2a through 2d			2e	517,520
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revense. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12) 5 2, 204, 537 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losse per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losse per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losse per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 b	3 Subtract line 2e from line 1			3	2,187,269
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Z, 204, 537 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Z, 345, 671 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 2 26					
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2, 345, 671 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2 260, 416. d Other (Describe in Part XIII.) e Add lines 2a through 2d 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Ab Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Forvide 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 4: PART OF THE ORGANIZATION'S COLLECTIONS FIT INTO THE RESTORATION PROCESS (THE ANTIQUE TOOLS ARE USED TO DEMONSTRATE THE WOODWORKING PROCESS). HOWEVER, THE MAJORITY OF THE COLLECTION IS JEFFERSON—ERA FURNITURE AND LETTERS WRITTEN BY MR. JEFFERSON. THE COLLECTIONS FURTHER THE EXEMPT PURPOSE BY EDUCATING THE PUBLIC ABOUT THOMAS JEFFERSON AND PLANTATION LIFE	a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2, 345, 671 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2b			17,268.		
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Part XII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 2 , 085 , 255 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) c Add lines 4a and 4b 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) c Add lines 4a and 4b 5 Total expenses, Add lines 2d and 4b. Also complete this part to provide any additional 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 X, 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 4: PART OF THE ORGANIZATION'S COLLECTIONS FIT INTO THE RESTORATION PROCESS (THE ANTIQUE TOOLS ARE USED TO DEMONSTRATE THE WOODWORKING PROCESS). HOWEVER, THE MAJORITY OF THE COLLECTION IS JEFFERSON—ERA FURNITURE AND LETTERS WRITTEN BY MR. JEFFERSON. THE COLLECTIONS FURTHER THE EXEMPT PURPOSE BY EDUCATING THE PUBLIC ABOUT THOMAS JEFFERSON AND PLANTATION LIFE				5	2,204,537
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	LETTERS WRITTEN BY MR. JEFFERSON. THE COLL	ECTIONS	FURTHER T	HE	EXEMPT
IN COLONIAL TIMES.	PURPOSE BY EDUCATING THE PUBLIC ABOUT THOMAS	S JEFFI	ERSON AND P	LAN	TATION LIFE
	IN COLONIAL TIMES.				

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED ON RETURN

152,875.

COST GOODS SOLD

63,773.

FUNDRAISING EXPENSES NETTED ON RETURN

43,768.

Schedule D (Form 990) 2019 POPLAR FOREST	54-1258296 Page 5
Part XIII Supplemental Information (continued)	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	260,416.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NETTED ON FINANCIALS	16,008.
INTEREST INCOME	1,260.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED ON RETURN	152,875.
COST GOODS SOLD	63 773
FUNDRAISING EXPENSES NETTED ON RETURN	43,768.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT EXPENSES NETTED ON FINANCIALS	16,008.
INTEREST EXPENSE	1,260.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Name of the organization

THE CORPORATION FOR JEFFERSON'S POPLAR FOREST

Employer identification number 54-1258296

Schedule G (Form 990 or 990-EZ) 2019

	1 01(11)1				31 1230		
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	'es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not	
 1 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 of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	sed funds through any of the following and solicitate and solicitate and solicitate art VII) or entity in connection with providuals or entities (fundraisers) pursus	tion of tion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes		
(i) Name and address of individual or entity (fundraiser)	I III ACTIVITY I DAVE CUSTORY I I NO ACTIVITY TO TOT RETAINED DVI						
		Yes	No				
Cotal List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is exempt from re	egistration	

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

1	of fundraising event contributions and gr	(a) Event #1 WINE	(b) Event #2 OBSTACLE COURSE/5K RU	(c) Other events NONE	(d) Total events (add col. (a) through
1			(avant tuna)	(total number)	col. (c))
•	Gross receipts	86,939.	(event type) 11,955.	(total number)	98,894.
2	Less: Contributions	21,869.	1,085.		22,954.
3	Gross income (line 1 minus line 2)	65,070.	10,870.		75,940.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	16,372.	455.		16,827.
7	Food and beverages	1,963.	231.		2,194.
8	Entertainment				
9	Other direct expenses	20,684.	4,062.		24,746.
10	Direct expense summary. Add lines 4 through	h 9 in column (d)		>	43,767.
11					32,173.
rt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
	\$15,000 on Form 990-EZ, line 6a.	1			
		(a) Bingo		(c) Other gaming	(d) Total gaming (add
			billyo/progressive billyo		col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
		Yes %	Yes %	Yes %	
6	Volunteer labor				
7					
8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
ls t	· · · · · · · · · · · · · · · · · · ·	ctivities in each of these			Yes No
	5 6 7 8 9 10 11 1 2 3 4 5 6 7 8 Entert	6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 11 Net income summary. Subtract line 10 from left lill Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Subtract line 7 Enter the state(s) in which the organization conduls the organization licensed to conduct gaming a	5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 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) 11 Gaming. Complete if the organization answered "Yes" on Form \$15,000 on Form 990-EZ, line 6a. (a) Bingo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 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) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these	5 Noncash prizes 6 Rent/facility costs	5 Noncash prizes 6 Rent/facility costs 16,372. 455. 7 Food and beverages 1,963. 231. 8 Entertainment 9 Other direct expenses 20,684. 4,062. 10 Direct expense summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 St.,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor Volunteer labor No No No No

THE CORPORATION FOR JEFFERSON'S

Sched	dule G (Form 990 or 990-EZ) 2019 POPLAR FOREST 54	-1258296 Pag	e 3
	Does the organization conduct gaming activities with nonmembers?		No
	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	o administer charitable gaming?	Yes	No
	ndicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
A	Address		
15a [Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
bІ	f "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
	f "Yes," enter name and address of the third party:		
1	Name		
	Address Gaming manager information:		
Γ	Name		
(Gaming manager compensation \$		
[Description of services provided		
	Director/officer Employee Independent contractor		
17 N	Mandatory distributions:		
a l	s the organization required under state law to make charitable distributions from the gaming proceeds to		
r	etain the state gaming license?	Yes L	No
b E	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	е	
_	organization's own exempt activities during the tax year > \$		
Par	• • • • • • • • • • • • • • • • • • •	Part III, lines 9, 9b, 10	Ob,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

THE CORPORATION FOR JEFFERSON'S

Schedule G (Form 990 or 990-EZ) POPLAR FOREST	54-1258296 Page 4
Schedule G (Form 990 or 990-EZ) POPLAR FOREST Part IV Supplemental Information (continued)	· ·

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. THE CORPORATION FOR JEFFERSON'S

POPLAR FOREST

Employer identification number 54-1258296

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	11	207,458.	FAIR MARKET	' VAI	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24 25	Archeological artifacts Other ▶ (SUPPLIES)	X	1	1 222.	FAIR MARKET	י ז/Δ ז	JIE	
26	Other ()		_					
27	Other (
28	Other ()							
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82							
				<u> </u>			Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be υ	sed for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to sol	icit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	ry for which column (a) is che	ecked,			
	describe in Part II.							
				_	Cabadula N			

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

Schedule M (Form 990) 2019

THE CORPORATION FOR JEFFERSON'S

Schedule M	(Form 990) 2019	POPLAR	FOREST	54-1258296	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information I, column (b), Iditional information	In. Provide the information required by Part I, lines 30b, 32b, and the number of contributions, the number of items received, or a nation.		on lete
	part to tarry as				

Schedule M (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

THE CORPORATION FOR JEFFERSON'S POPLAR FOREST

Employer identification number 54-1258296

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

THE CORPORATION DISTRIBUTES THE 990 VIA EMAIL TO THE BOARD MEMBERS FOR THEIR REVIEW IN ADVANCE OF FILING THE RETURN.

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

THE CORPORATION MONITORS AND ENFORCES THE POLICY BY REQUIRING THE BOARD MEMBERS TO REAFFIRM THEIR UNDERSTANDING OF THE POLICY AND DISCLOSE THEIR FINANCIAL INTERESTS EACH YEAR. THE POLICY INCLUDES PROCEDURES FOR DETERMINING AND ADDRESSING CONFLICTS OF INTEREST, AS WELL AS PROCEDURES FOR ADDRESSING VIOLATIONS OF THE POLICY ITSELF.

FORM 990, PART VI, SECTION B, LINE 15:

THE CORPORATION'S PRESIDENT & CEO'S COMPENSATION WAS DETERMINED THROUGH COMPARABLE DATA AND THROUGH THE CONSULTING OF AN EXECUTIVE SEARCH FIRM.

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

FINANCIAL STATEMENTS AND OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

PART XII, LINE 2C

THE FINANCE COMMITTEE WHICH CONSISTS OF INDEPENDENT BOARD MEMBERS IS RESPONSIBLE FOR OVERSIGHT OF THE CORPORATION'S AUDIT AND SELECTION OF AN INDEPENDENT CERTIFIEC PUBLIC ACCOUNTANT.