**Taxpayer Copy** 

#### TIN:

## Form **990EZ**

Department of the Treasury Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

2022

OMB No. 1545-0047

Open to Public Inspection

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

► Go to <u>www.irs.gov/Form990EZ</u> for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022 **B** Check if applicable: C Name of organization D Employer identification number CHESAPEAKE AND OHIO CANAL ASSOCIATION INC O Address change 54-1384406 O Name change Number and street (or P. O. box, if mail is not delivered to street address) Room/suite E Telephone number O Initial return  $\cite{third}$  Final return/terminated (443) 612-9956 City or town, state or province, country, and ZIP or foreign postal code O Amended return GLEN ECHO, MD 208120366 F Group Exemption O Application pending Number Check 🕨 if the organization is **not G** Accounting Method: ○ Cash Accrual Other (specify) required to attach Schedule B (Form 990, 990-EZ, or 990-PF). I Website: www.cadocanal.org J Tax-exempt status (check only one) - 

501(c)(3) □ 501(c)( ) 

(insert no.) □ 4947(a)(1) or □ 527 **K** Form of organization: ✓ Corporation Association O Other ○ Trust L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . . . . Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 1 25,373 2 3,252 2 Program service revenue including government fees and contracts . . . . . . . . . 3 3 31,515 Membership dues and assessments . . . . . . . 4 4 1,935 5a Gross amount from sale of assets other than inventory . . . . . . . b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . c 5c 6 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances . . . 7a 4.046 b Less: cost of goods sold C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c 1,810 8 Other revenue (describe in Schedule O) . . . . . . 8 238 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . 64,123 10 10 Grants and similar amounts paid (list in Schedule O) . 10,834 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 Expenses 13 Professional fees and other payments to independent contractors . . 13 14 150 14 Occupancy, rent, utilities, and maintenance . 15 Printing, publications, postage, and shipping . . . . . . 15 17,922 16 12,702 16 Other expenses (describe in Schedule O) 17 **Total expenses.** Add lines 10 through 16 17 41,608 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 22,515 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 344,706 19 38 20 Other changes in net assets or fund balances (explain in Schedule O) . 20 367,259 21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . . . . 21

Part II	<b>Balance Sheets</b> (see the instruction Check if the organization used Schedu	ns for Part II) lle O to respond to any o	question in this	Part II			
				(A) B	seginning of year		(B) End of year
<b>22</b> Cash, sa	avings, and investments				320,950	22	343,092
23 Land an	d buildings				0	23	0
24 Other as	ssets (describe in Schedule O)				42,187	24	31,515
25 Total a	ssets				363,137	25	374,607
26 Total li	abilities (describe in Schedule O)				18,431	26	7,348
27 Net ass	sets or fund balances (line 27 of colun	nn (B) <b>must</b> agree with	line 21)		344,706	27	367,259
Part III	Statement of Program Service	•	•		*		Expenses
1441	Check if the organization used Schedu		question in this	Part III	0		Required for section 501(c) 3) and 501(c)(4)
	organization's primary exempt purpose and promoting the C&O Canal NHP.	(					rganizations; optional for
Describe the measured b	e organization's program service accom y expenses. In a clear and concise man and other relevant information for each p	ner, describe the service				- Ot	thers.)
28 Commun	nication to members and non-members	through quarterly public	cation of Along	the Towp	ath.	28	a 17,597
(Grants \$ )	If this amo	unt includes foreign gran	nts, check here		. ▶ 🗆		
29 Other pr	rogram services					29	a 12,702
(Grants \$ )		unt includes foreign gra	nts, check here		. ▶ ⊔		
<b>30</b> Provided	I funds to the NPS for Monocacy Aquedu	•				30	a 8,200
(Grants \$ 8		unt includes foreign gran			. ▶ ⊔		
	tivities for members and non-members		•				3,053
(Grants \$ 0)		unt includes foreign gran			. ▶ ⊔		
	rogram services (describe in Schedule O						
(Grants \$ )		unt includes foreign gran				31	
<del></del>	rogram service expenses (add lines 2 List of Officers, Directors, Trustee		· · ·				
Part IV	Check if the organization used Schedu	le O to respond to any	question in this	Part IV.	ompensated, see the		
		į	•				•
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2/ MISC) (if no enter -0	tion /1099- <b>t paid,</b>	(d) Health bend contributions to er benefit plans, deferred compen	nploy and	ree of other compensation
Tiffany Ahal	t	10.00		0			
President							
Kerry Grube	er	5.00		0			
Secretary							
Anthony Lai	na	5.00		0			
Antilony Lai	ng .	3.00		U			
Second Vice	e President						
Doug Zvare		5.00		0			
Information	Officer						
Paul Lubell		20.00		0			
Treasurer							
Barbara She	eidan	5.00		0			
		3.00		· ·			
First Vice Pr	resident						
Jane Hanna		1.00		0			
Director							
Jill Craig		5.00		0			
Director							
John Lefebu	ire	1.00		0			
		1.00		· ·			
Director							
Jim Hutzler		1.00		0			
Director							
Jim Heins		1.00		0			
Director							
Trent Carba	uah	1.00		0			+
	ug.,	1.00		J			
Director							_
Dick Eberso	le	1.00		0			
Director			ĺ				

Christine Holdsworth	1.00	0	
Director			
Paul Perkus	1.00	0	_
Director			
Christine Cerniglia	1.00	0	
Director			
Tom Crouch	1.00	0	
Director			
Steve Dean	5.00	0	
Director			
Bill Holdsworth	5.00	0	
Director			
Travis Medcalf	1.00	0	
Director			

Form **990-EZ** (2022)

Part V

instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. . . . . No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . . . . . . . . . . . . . . 33 No Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change 34 on Schedule O. See instructions. No 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . . . . . . . . . 35a No b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c No Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 No 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 37b Nο 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a No **b** If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter: **a** Initiation fees and capital contributions included on line 9 39a 39b **b** Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: \_; section 4955 🕨 section 4911 ; section 4912 🕨 **b** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b No c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter 40e No The organization's books are in care of Paul D Lubell Telephone no. (443) 612-9956 42a Located at 🕨 2305 Rockwell Ave Catonsville , MD ZIP + 4 > 212284750 No **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a No 42b financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U.S.? . 42c No If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . ▶ ○ and enter the amount of tax-exempt interest received or accrued during the tax year 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead 44a No of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed 44b No 44c No d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a **45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . No 45b 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," Form 990 and Schedule R may need to be completed instead of

Other Information (Note the Schedule A and personal benefit contract statement requirements in the

45b

No

orm	990-EZ	(2022)						Page
							Yes	No
46		organization engage, directly or indirect ates for public office? If "Yes," complete				46		No
Par	4	Section <b>501(c)(3)</b> Organization All section 501(c)(3) organizations	must answer questi	ons 47- 49b and	52, and complete the t	ables for li	nes 50	and 5
	C	Check if the organization used Schedule	O to respond to any q	uestion in this Part \	VI		Yes	No
							163	140
47		organization engage in lobbying activit " complete Schedule C, Part II			ect during the tax year?	. 47		No
48	Is the o	organization a school as described in sec	ction 170(b)(1)(A)(ii)?	If "Yes," complete S	Schedule E .	. 48		No
49a	Did the	organization make any transfers to an	exempt non-charitable	related organizatio	n?	. 49a		No
b	If "Yes,	" was the related organization a section	527 organization?			. 49b		
50		ete this table for the organization's five ch received more than \$100,000 of con				tees and key	employ	ees)
		lame and title of each employee	(b) Average	(c) Reportable		s, <b>(e)</b> Es	stimated	amour
	.,		hours per week devoted to position	compensation (Forms W-2/1099 MISC)	contributions to empl	oyee of oth	er comp	ensatio
NONE								
f	Total	number of other employees paid over \$	100.000			<u> </u>		0
51		ete this table for the organization's five	·	ndependent contract	tors who each received m	ore than \$10	00000	
		nsation from the organization. If there is	s none, enter "None."			τ	.,	
		(a) Name and business address of	each independent cont	ractor	(b) Type of service	(c) Comp	ensatio	<u>n</u>
NONE								
d	Total ı	number of other independent contracto	rs each receiving over	\$100,000				0
52		he organization complete Schedule A? I bleted Schedule A				🟲 🔽 <sub>Y</sub>	es 🗆	No
cnow		es of perjury, I declare that I have exar d belief, it is true, correct, and complet						
ias a	III III	*****			2023-03-08			
Sign					Date			
Here	· )	Paul D Lubell Treasurer Type or print name and title						
Paid	<u>'</u>	Print/Type preparer's name	Preparer's signature	D	Check $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	PTIN		
Pre	parer	Firm's name	<u> </u>		self-employed Firm's EIN			
	Only	Firm's address			Phone no.			

### **Taxpayer Copy**

### **SCHEDULE A** (Form 990)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information. OMB No. 1545-0047

TIN:

**Open to Public** Inspection

		ne organization					Employer identification	ation number
CHESA	APEAKE	AND OHIO CANAL ASSOCIAT	ION INC				54-1384406	
	rt I	Reason for Public					See instructions.	
The c	rganiz	ation is not a private four	ndation because	e it is: (For lines 1 thro	ough 12, check or	nly one box.)		
1		A church, convention of	churches, or as	ssociation of churches	described in <b>sec</b> t	tion 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)		
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical research organame, city, and state:	inization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> 1	170(b)(1)(A)(iii). Er	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co	d for the benefi	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit describ	oed in <b>section</b>
6		A federal, state, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	a)(v).	
7		An organization that not section 170(b)(1)(A)	(vi). (Complete	e Part II.)	• •	-	nit or from the genera	l public described in
8		A community trust desc	ribed in <b>sectio</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		An agricultural research non-land grant college of						ege or university or a
10	<b>✓</b>	An organization that not from activities related to investment income and 30, 1975. See <b>section</b> !	its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions, a	and (2) no more	than 33 1/3% of its su	pport from gross
11		An organization organize	ed and operated	d exclusively to test fo	r public safety. S	ee <b>section 509</b>	(a)(4).	
12		An organization organizemore publicly supported on lines 12a through 12	organizations (	described in <b>section 5</b>	<b>609(a)(1)</b> or <b>sec</b>	ction 509(a)(2	). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a major				
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the sar				
С		Type III functionally supported organization(						ted with, its
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution i	requirement and		
е		Check this box if the orgintegrated, or Type III n				RS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	the number of supported	dorganizations				<u>0</u>	
g		de the following informati						
	organization organization in your governing document? monetary support other supp				(vi) Amount of other support (see instructions)			
					Yes	No		
T								_
Tota	ı	0					0	C

D	art II Support Schedule for 0	Organizations	Described in 9	Sections 170()	1)(1)(Λ)(iv) ar	nd 170(b)(1)(	۸ ۱/vi۱
	(Complete only if you che						
	If the organization failed						ander rare III
	ection A. Public Support	to quanty and	THE CESTS HOLE	a belowy picase	complete rare 1		
	endar year		42.0040		( D 200)	( ) 2000	(C) =
	fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	( <b>d</b> ) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
	The portion of total contributions by						
3	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
_	line 4.						
	ection B. Total Support	<u> </u>	1		1		
	endar year fiscal year beginning in) 🕨	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through						
12	10 Gross receipts from related activities, e	tc (see instruction	nns)			12	
13	First 5 years. If the Form 990 is for the	•			•		lization, check
	this box and <b>stop here</b>			<del></del>		▶∪	
	ection C. Computation of Public						
	Public support percentage for 2022 (lin					14	
	Public support percentage for 2021 Sch					15	
16a	<b>33</b> 1/3% support test—2022. If the						
	and stop here. The organization quality	fies as a publicly s	supported organiz	ation			🕨 🗆
b	<b>33</b> 1/3% support test—2021. If the						
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			🕨 🗆
17a	box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
	and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization						
	meets the "facts-and-circumstances" to	est. The organizat	ion qualifies as a	publicly supported	d organization		🕨 🗆
h	10%-facts-and-circumstances tes	-	•		-		
-	more, and if the organization meets the						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	nublicly supports	ed organization		▶□
1 2	<b>Private foundation.</b> If the organization						
10	instructions			, ===, =, ω, σι	.,		ightharpoons

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.)

	ction A. Public Support		T	T		•		Г
	ndar year iscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	40,169	88,717	38,944	124,398		56,888	349,116
	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	6,859	9,429	3,198	3,516		7,536	30,538
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513							
4								
5	to or expended on its behalf The value of services or facilities furnished by a governmental unit to							
_	the organization without charge							
6	<b>Total.</b> Add lines 1 through 5	47,028	98,146	42,142	127,914		64,424	379,654
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3							0
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							0
с 8	Add lines 7a and 7b <b>Public support.</b> (Subtract line 7c							0
0	from line 6.)							379,654
Se	ction B. Total Support							
	ndar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022		(f) Total
(or 1	iscal year beginning in)  Amounts from line 6	47,028	98,146	42,142	127,914	(-)	64,424	379,654
9 10a	Gross income from interest,	47,028	96,140	42,142	127,914		04,424	379,034
10a	dividends, payments received on securities loans, rents, royalties and income from similar sources.						1,935	1,935
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.							0
С	Add lines 10a and 10b.	0	0	0	0		1,935	1,935
11	Net income from unrelated business activities not included on line 10b, whether or not the business is							0
12	or loss from the sale of capital							0
13	assets (Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,	47,028	98,146	42,142	127,914		66,359	381,589
14	11, and 12.) <b>First 5 years.</b> If the Form 990 is for t	,	,		· ·	on 501(c)(	- 1	-
	this box and <b>stop here</b>	3			•	( ) (	, ,	
Se	ction C. Computation of Public							
15	Public support percentage for 2021 (li	ne 8, column (f) d	livided by line 13,	column (f))		15		99.490 %
16	Public support percentage from 2020					16		100.000 %
Se	ction D. Computation of Invest							
17	Investment income percentage for 20	,	,	, ,	,,	17		0.510 %
18	Investment income percentage from 2	•	•			18		0 %
19a	<b>33</b> 1/3% <b>support tests-2022.</b> If the	-		•				
b	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the							
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization o	qualifies as a publ	icly supported org	anization .		. ▶□
20	Private foundation. If the organizati	on did not check a	a box on line 14, 1	19a, or 19b, check	this box and see			. ► 0

## Part IV Supporting Organizations

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

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section			
-	509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
_	Dill	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.			
		3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support			
_	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the			
	organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	•		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	6		
•	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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"			
J	complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .			
		9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	O.L.		
_	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets	9b		
С	in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	TUd		
	the organization had excess business holdings).	10b		
	Schedule A		990)	2022
	Constant A		/	

P	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
ā	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
ŀ	A family member of a person described on 11a above?	11b		
ď	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
	Section B. Type I Supporting Organizations		•	•
			Yes	No
1	Did the officers, 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 <b>Part VI</b> 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.			
	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 <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
_	Section C. Type II Supporting Organizations		l	
			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 <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_ 5	Section 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			ļ
_	Du manage of the melationals in described in line 2 above did the amonimation/s appropriate and amonimations have a similiar to	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
_				
<u></u>	Section E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	one) :		
-	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	0113) .		
	b The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
		inatmu	ations)	
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	iiistru(	Luons)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the		res	140
	supported organizations of the organization was responsive? If "Yes," then in <b>Part VI</b> 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			
	aubahantiallu all af ita antivitian			

substantially all of its activities.

**b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

		 _
	2a	
	2b	
f	За	
	3b	

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section 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		
	Section 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):	1		
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	<b>Discount</b> claimed for blockage or other factors ( explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegra	ted Type III supporting c	organization (see

Scriedule A (FOITH 990) 2022					Page /
Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizatio	ns (	continue	d)
Section D - Distributions					Current Year
Amounts paid to supported organizations to accomplish	evemnt nurnoses		1		
			_		
2 Amounts paid to perform activity that directly furthers organizations, in	exempt purposes of supported		2		
excess of income from activity			_		
3 Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons	3		
4 Amounts paid to acquire exempt-use assets			4		
5 Qualified set-aside amounts ( prior IRS approval require	ed - provide details in <b>Part VI</b>	)	5		
6 Other distributions ( describe in <b>Part VI</b> ). See instruction	ons		6		
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to what details in <b>Part VI</b> ). See instructions	nich the organization is respons	sive ( <i>provide</i>	8		
9 Distributable amount for 2022 from Section C, line 6			9		
10 Line 8 amount divided by Line 9 amount			10		
·	<i>(</i> 1)	(1	i)		(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdis		ions	Distributable Amount for 2021
1 Distributable amount for 2022 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2022					
(reasonable cause required explain in <b>Part VI</b> ). See instructions.					
<b>3</b> Excess distributions carryover, if any, to 2022:					
<b>a</b> From 2017					
<b>b</b> From 2018					
<b>c</b> From 2019					
<b>d</b> From 2020					
<b>e</b> From 2021					
f Total of lines 3a through e					
<b>g</b> Applied to underdistributions of prior years					
h Applied to 2022 distributable amount					
<ul> <li>Carryover from 2017 not applied (see instructions)</li> </ul>					
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2022 from Section D, line 7: \$					
Applied to underdistributions of prior years					
<b>b</b> Applied to 2022 distributable amount					
c Remainder. Subtract lines 4a and 4b from line 4.					
<b>5</b> Remaining underdistributions for years prior to					
2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.					
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.					
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2018					
<b>b</b> Excess from 2019					
c Excess from 2020					
<b>d</b> Excess from 2021					
e Excess from 2022					

Schedule A (Form 990) 2022 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) instructions) **Facts And Circumstances Test** Return Reference

Explanation

Schedule A (Form 990) 2022

Taxpayer Copy

#### **SCHEDULE 0** (Form 990)

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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

Open to Public

Name of the organization CHESAPEAKE AND OHIO CANAL ASSOCIATION INC

Employer identification number

54-1384406

Return Reference	Explanation
Part I, Line 10	N C Long Aqueduct Fund gave \$8200 to repair Monocacy Aqueduct. Reimbursed John Lefebure \$1,737 from Rachel Stewart Fund for expenses incurred in making repairs to picnic tables at Swain's Lock. Reimbursed John Lefebure \$897 from Kenneth Rollins Fund for repairs to fence at Riley's Lock.
Part I, Line 16	Other expenses consist of \$3,053 activities, \$3,671 administration, \$2,417 committees, \$127 internet, \$558 fees, and \$2,876 miscellaneous.
Part I, Line 20	Rounding
Part I, Line 8	Other revenue is amounts we charged customers for postage and handling on inventory items ordered.
Part II, Line 24	Other Assets at the beginning of the year consist of prepaid expenses \$11,064, inventory \$4,646, and undeposited funds \$26,477. At the end of the year, they consist of prepaid expenses \$11,235, inventory \$5,511, undeposited funds \$15,081 and accounts receivable -\$312.
Part II, Line 26	Total Liabilities at the beginning of the year consist of \$18,405 prepaid dues and \$26 sales tax payable. At the end of the year, they consist of \$7,223 prepaid dues, \$97 accounts payable and \$28 sales tax payable.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990) 2022