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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2008 Open to Public Inspection

			20/22/20			
			ear, or tax year beginning 10/01/08 , and ending 9/30/09			
<u>B</u> _	Check if applica		C Name of organization	D	Emplo	yer identification number
LI	Address chang	e use IRS	THE FOUNDATION FOR APPALACHIAN OHIO			
$\overline{\Box}$	Name change	label or print or	Doing Business As		31-	1620483
믐	Name change	type	Number and street (or P O box if mail is not delivered to street address) Room/suite	1		none number
\Box	Initial return	See	36 PUBLIC SQUARE, P.O. BOX 456		•	753-1111
	Termination	Specific	City or town state or country, and ZIP + 4	+		
\equiv		Instruc-	NELSONVILLE OH 45764	G Gr	oss rece	epis \$ 3,301,031
닏	Amended retur	1	`	┥		
Ш	Application per	iung	e and address of principal officer	H(a)		a group return for
		l .	RA BROOK	H/h)	affiliate	es? Yes X No
			PUBLIC SQUARE, P.O. BOX 456	''(0)	include	ed? Yes No
			LSONVILLE OH 45764	_	If "No,"	* attach a list (see instructions)
1_	Tax-exempt	status X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
J	Website I	► WWW.	APPALACHIANOHIO.ORG	H(c)	Group	exemption number
ĸ	Type of organi	zation X Co	poration Trust Association Other L Year of formation	1998	3	M State of legal domicale OH
	art I	Summa	· · · · · · · · · · · · · · · · · · ·			
÷	1		ne organization's mission or most significant activities			
	l	•	ION OF THE FOUNDATION FOR APPALACHIAN OHIO IS TO ENHANCE	,		
Se	_					
ш	Q	UALITY-	OF-LIFE IN THE THIRTY-TWO COUNTY REGION OF APPALACHIAN C	нто.	•	
Activities & Governance						
Š	2 Che	ck this box	▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets			
∞5	3 Num	nber of voting	members of the governing body (Part VI, line 1a)	L	3	16
Sa	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)		4	16
Ę	5 Tota	I number of	employees (Part V, line 2a)		5	7
Ė	1		volunteers (estimate if necessary)	r	6	00
⋖	1		ated business revenue from Part VIII, line 12, column (C)	卜	7a	
	1	_		⊢	7b	0
	b Net	unrelated bu	siness taxable income from Form 990-T, line 34		- 'B	Current Year
	8 Con	tributions and	I grants (Part VIII, line 1h)		43	2,465,977
en				3,0		2/103/3//
ē	1 ~	•	revenue (Part VIII, line 2g) ie (Part VIII, column (A), lines 3, 4, and 7d) MAY 1 8 2010	- E	21	77 053
Revenue	1		140	0,5		-77,953
_				2,4		
	12 Tota	l revenue—a	dd lines 8 through 11 (must equal Part VIII, dolumit (A) Title 12) 17 1,36	_		2,388,024
	13 Gran	nts and simila	r amounts paid (Part IX, column (A), lines (3)	9,8	25	147,032
	14 Bene	efits paid to d	r for members (Part IX, column (A), line 4)			
G	15 Sala	ries, other co	mpensation, employee benefits (Part IX, column (A), lines 5–10)	0,2	22	268,750
benses	16a Profe	essional fund	raising fees (Part IX, column (A), line 11e)			
per	1		expenses (Part IX, column (D), line 25) > 55, 546			
Щ	1	_		3,8	95	172,932
	1	-		3,9		588,714
	40.5	•		4,0		
<u> </u>	20 Tota 21 Tota 22 Net art II	enue less ex	penses Subtract line 18 from line 12 91 Beginning		73	1,799,310 End of Year
its o	20 Tota	I assets (Par			51	6,727,563
Sag	20 TOLA	•	· · · · · · · · · · · · · · · · · · ·	6,2		
器	21 10ta	`	art X, line 26)			11,962
妄	22 Net a		d balances Subtract line 21 from line 20 4,67	<u> </u>	10	6,715,601
Z	art II	Signatu				
폺		Under penalt	es of perjury, Ideclare that I have examined this return, including accompanying schedules and statements, and	to the	best of	f my knowledge
ö		and belief, if	s true, correct and complete. Declaration of preparer (other than officer) is based on all information of which pri	parer n	ias any	
Şig	ın	N X	Milk Map May		5	113/10
He	re		e of officer		Date	
_		L CAR	I DINBUS BROOK, PREGIDENT AND CEO			
$ \leftarrow $			print name and title			
₩			Cheek			Preparer's identifying number
圈	ld	Preparer's	Date Check Self-			(see instructions)
	parer's	signature	3/00/10 emplo	yed 🕨	<u>• </u>	P00390787
	e Only	Firm's name	JONES, COCHENOUR & CO.	E	IN	▶ 31-1423687
J31		if self-employ		Pi	hone	
	İ	no	o •	740-653-9581		

May the IRS discuss this return with the preparer shown above? (see instructions)

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

X Yes

Form **990** (2008)

Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	_X_	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u></u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		j	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6	X	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	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 U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		<u>X</u>
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 questions			
	24b~24d and complete Schedule K If "No," go to question 25	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			İ
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			75
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	}	X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		75
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			77
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>

<u> P</u>	art IV Checklist of Required Schedules (continued)		, —	
	• `		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			ļ
	employee), or an indirect business relationship through ownership of more than 35% in another entity			İ
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			l
	Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			l
	complete Schedule L, Part IV	28b	X	l
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			İ
	conservation contributions? If "Yes," complete Schedule M	30	. :	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	;	х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			İ
	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		1	l
	VI	37		х
			000	

Pa	R V Statements Regarding Other IRS Filings and Tax Compilance				
_	The state of the Police of Section 1999, Appendix Commence and Temperation of			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1a 8			
	U.S. Information Returns. Enter -0- if not applicable	1a 8 1b 0	1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	aule	1c		х
٥-	gaming (gambling) winnings to prize winners?				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 7			
L	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
3a	Instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	v			
Ja	this return?	,	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	nority			
-Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		4a		Х
b	If "Yes," enter the name of the foreign country				
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	nk			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	,7	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
	Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or	İ		
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more that	n			
	\$75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	4		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal transfer of the organization.	onal	_		v
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•	7f		_
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	 	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	i	76		х
_	required?		7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 500(c)(3) are advised funds a				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponso organization, have excess business holdings at any time during the year?	ang	8		х
0	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		<u> </u>		
9	Did the organization make any taxable distributions under section 4966?		9a		х
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter		1		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	7		
1	Section 501(c)(12) organizations. Enter		7		
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		7		
	amounts due or received from them)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	141?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		<u> </u>	L
			Form	990	(2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>3ec</u>	tion A. Governing Body and Management						
				Yes	No		
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the						
	circumstances, processes, or changes in Schedule O See instructions	16					
1a	, , , , , , , , , , , , , , , , , , ,	16 16					
ь		10					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				x		
	any other officer, director, trustee, or key employee?		2				
3	Did the organization delegate control over management duties customarily performed by or under the direct				v		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	1- 40	3		X		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was fi	ied /	4		X		
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5 6		X		
6	Does the organization have members or stockholders?		-				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		,		v		
_	of the governing body?		7a		X		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		<u> </u>		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
_	the year by the following			х			
a	The governing body?		8a	X			
b	Each committee with authority to act on behalf of the governing body?		8b	^	x		
9a	Does the organization have local chapters, branches, or affiliates?		9a		<u> </u>		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		٨ـ				
40	affiliates, and branches to ensure their operations are consistent with those of the organization?		9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		10	х			
44	must describe in Schedule O the process, if any, the organization uses to review the Form 990		10				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at		11		х		
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies						
Sec	uon b. Foncies			Yes	No		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	140		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		120				
U	rise to conflicts?		12b	x			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		120				
C	describe in Schedule O how this is done		12c	х			
13	Does the organization have a written whistleblower policy?		13	X			
14	Does the organization have a written document retention and destruction policy?		14	x			
15	Did the process for determining compensation of the following persons include a review and approval by		'-				
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision						
а	The organization's CEO, Executive Director, or top management official?		15a	х			
b	Other officers or key employees of the organization?		15b	X			
U	Describe the process in Schedule O (see instructions)		135				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
104	with a taxable entity during the year?		16a		X		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		1.00				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard						
	the organization's exempt status with respect to such arrangements?		16b				
Sec	tion C. Disclosure		1 .02 1				
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nlv)					
	available for public inspection. Indicate how you make these available. Check all that apply						
Own website Another's website X Upon request							
19	rest						
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the					
-	organization ► CARA DINGUS BROOK CEO 36 PUBLIC SQUARE						
NI	ELSONVILLE OH 45°	764 7	40-75	3 - 1	111		
		 					

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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
- 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. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the or	rganization did not compe	ensate a	ny offic	er, d	rector,	rustee, or key employee				
(A)	(B)						(D) (E)			
Name and Title	Average hours per	-	on (chec				Reportable compensation	Estimated amount of		
	week	Individual or director	Officer Institutional trustee	Key employee	Highest employ	from	from related	other		
		rect in	t e	en en	loye st	the organization	organizations (W-2/1099-MISC)	compensation from the		
		오늘	na l	ŏ	i c	(W-2/1099-MISC)	(** 2/1000 **********************************	organization		
		trustee	trus	8	pen			and related organizations		
		"	ë		Highest compensated employee			, and the second		
		\dashv	_		°					
JENNIFER SIN	1	1,		İ	1 1			_		
CHAIRPERSON	1	X	-	+	1 1	0	0	0		
RONALD STRIC	1				1 1					
VICE-CHAIR	1	X		+	+-+	0	0	0		
ROBERT MCLAU	1 _	- J						0		
TREASURER		X		┼	+	0	0	<u> </u>		
MARIBETH WRI	GHT CPA	x			1 1		0	0		
SECRETARY	<u> </u>	- ^		┼	+	0	0	<u> </u>		
MIKE CAREY	1	x				0	0	0		
MEMBER DAVE CELONA	1	1^1	-	+	+ +	<u> </u>	<u> </u>	<u> </u>		
MEMBER	1	x			1 1	i o	0	0		
DEAN COLE	1	1^1	-	+	+	<u> </u>	0	<u> </u>		
MEMBER	1	х		1	1 1	0	0	0		
RON CREMEANS		1^		╫	+ +		0			
MEMBER	1	x			1 1	0	l 0	0		
MATT ELLI	 	- ^		╁╌	╁╌┼		 			
MEMBER	1	x			1 1	0	0	0		
	ANSEN	12		+	+					
MEMBER	1	$ \mathbf{x} $			1 1	0	l 0	0		
BELINDA JONE	· · · · · · · · · · · · · · · · · · ·	- ^ 		+	+	<u> </u>				
MEMBER	1	$ \mathbf{x} $		ł		0	l 0	0		
JOY PADGETT		1 1		十	+++	 		<u> </u>		
MEMBER	1	x			1 1	O	0	0		
B. J. SMITH		 		+	† †	-				
MEMBER	1	$ \mathbf{x} $	1		1 1	0	0	0		
MIKE WORKMAN		1-1	_	1-	1-1					
MEMBER	1	$ \mathbf{x} $				0	0	0		
MARIANNE CAM	PBELL			+	1	-				
EX-OFFICIO	1	x				0	0	0		
CARLA LOWRY				1	1-1					
EX-OFFICIO	1	x				0	0	0		
CARA DINGUS				1						
PRES. CEO	40		_ x			77,000	0	0		
	·				·			Form 990 (2008)		

Form 990 (2008)

compensation from the organization

DAA

Part V	III Statement of Revenue			31-1620483		Page 9
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
: =	Federated campaigns 1a Membership dues 1b			Tovendo	:	012, 010, 01 014
	Fundraising events 1c					
1 a	Related organizations 1d					
	Government grants (contributions) 1e					
IS f	All other contributions, gifts, grants,					
<u></u>	and similar amounts not included above 1f 2,465,5	977	;	İ		
g a	Noncash contributions included in lines 1a-1f \$		}	İ		
e h	Total. Add lines 1a-1f	•	2,465,977			
		Code				
2a b c d e f						
: Н						
c						
3 d						
е е						
g f	All other program service revenue					
<u> </u>	Total. Add lines 2a-2f					
3	Investment income (including dividends, interest, and					
	other similar amounts)	P	129,043			129,043
4	Income from investment of tax-exempt bond proceeds	s •				
5	Royalties				· · · · · · · · · · · · · · · · · · ·	
	(ı) Real (ıı) Persona					
6a	Gross Rents		i			
b	Less rental exps					
	Rentating or (loss)					
7a	Net rental income or (loss) Gross amount from (i) Securities (ii) Other					
	sales of assets	,949				
١,	other than invertory 1,300,722 5 Less cost or other	////	1			
~	basis & sales exps 1,513,667	ł				
c		,949				
	Net gain or (loss)	•	-206,996	-206,996		
	Gross income from fundraising events					
	(not including \$			i		
b	of contributions reported on line 1c)					
	See Part IV, line 18 a					
b	Less direct expenses b					
c	Net income or (loss) from fundraising events	•			······	
9a	Gross income from gaming activities					
	See Part IV, line 19 a					
•	Less direct expenses b					
1	Net income or (loss) from gaming activities	•				
10a	Gross sales of inventory, less					
	returns and allowances a		•			
	Less' cost of goods sold b					
<u>c</u>	Net income or (loss) from sales of inventory	Code		-		
44-	Miscellaneous Revenue Busn	ı. Code		ļ		
11a						
P	 					
C d	All other revenue					
1	Total. Add lines 11a~11d	•				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	- -				
'-	9c 10c, and 11e		2,388,024	-206,996	0	129,043
——	ou lou, and the		2,300,021			Earm 990 (2009

Part IX Statement of Functional Expenses

Form 990 (2008)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	· All other organizations must d		(B)	(C)	(D)
	not include amounts reported on lines 6b,	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and		expenses	general expenses	expenses
1	- 1				
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in				
2	the U.S. See Part IV. line 22	147,032	147,032		
,	t in the state of	111,032	117,032		
3	Grants and other assistance to governments, organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
	Ţ.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	77,000	25,672	25,664	25,664
_	trustees, and key employees	77,000	23,072	23,004	23,004
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	155 772	77 007	54,521	23,365
7	Other salaries and wages	155,773	77,887	34,321	23,365
8	Pension plan contributions (include section 401(k)	2 562	1 700	1 247	E 2 4
_	and section 403(b) employer contributions)	3,563	1,782	1,247	534
9	Other employee benefits	9,620	4,810	3,367	1,443
10	Payroll taxes	22,794	11,397	7,978	3,419
11	Fees for services (non-employees)	2 246		2 246	
а	Management	2,246		2,246	
b	Legal	10.750	0.750	10.000	
C	· · · · · · · · · · · · · · · · · · ·	12,750	2,750	10,000	
d	· · ·				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	45,294	37,977	6,196	1,121
12	Advertising and promotion	5,567	3,450	2,117	
13	Office expenses	6,366	154	6,212	
14	Information technology	1,751	2	1,749	
15	Royalties				
16	Occupancy	9,190		9,190	·
17	Travel	12,325	1,144	11,181	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,855	30,049	2,806	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,821	2,821		
23	Insurance	2,280		2,280	
			1	1	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together		1		
	and labeled miscellaneous may not exceed		[
	5% of total expenses shown on line 25 below)				
а	ADMINISTRATIVE	15,771		15,771	
b	TELEPHONE	6,243	2,491	3,752	
С	UTILITIES	4,658		4,658	
d	POSTAGE	4,444	1,459	2,985	
e	COMMUNICATION	4,259		4,259	
f	All other expenses	4,112	469	3,643	
25	Total functional expenses. Add lines 1 through 24f	588,714	351,346	181,822	55,546
26	Joint Costs. Check here In following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

<u> </u>	art χ	Balance Sneet					
		. •	(A) Beginning of year		(B) End of		
_		Cook an estarget bearing	203	1		, o a	
	1	Cash—non-interest bearing	430,390	2	1,4	84.	514
	2	Savings and temporary cash investments	393,669			52,	
	3	Pleages and grants receivable, net	333,003	4	 	<i>52</i> ,	1 / U
	4	Accounts receivable, net		4	 		
	5	Receivables from current and former officers, directors, trustees, key		_			
	_	employees, or other related parties Complete Part II of Schedule L		5	 		
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete					
		Part II of Schedule L		6	 		
ets	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8	 		
Ÿ	9	Prepaid expenses and deferred charges	001	9	ļ		
	ı		,001				
	b	Less accumulated depreciation Complete	6.504				
			,810 6,524		4,3	12,	<u> </u>
	11	Investments—publicly traded securities	3,846,289		4,3	16,	3/3
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets	4,879	14		_	
	15	Other assets See Part IV, line 11	-	ļ	2,	315	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,681,751	16	6,7		
	17	Accounts payable and accrued expenses	6,185		ļ		862
	18	Grants payable	50	18		4,	100
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
ies	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers directors, trustees, key					
ab		employees, highest compensated employees, and disqualified					
Ξ		persons Complete Part II of Schedule L		22	ļ <u>.</u>		
	23	Secured mortgages and notes payable to unrelated third parties		23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	6,235	26		11,	<u>962</u>
S		Organizations that follow SFAS 117, check here ▶ X and					
nces		complete lines 27 through 29, and lines 33 and 34.					
la	27	Unrestricted net assets	1,696,279		2,6		
Bala	28	Temporanly restricted net assets	175,835			33,	
b	29	Permanently restricted net assets	2,803,402	29	3,9	10,	<u> 222</u>
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐					
7		and complete lines 30 through 34.		ł			
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Ass	32	Retained earnings, endowment, accumulated income, or other funds		32			
);	33	Total net assets or fund balances	4,675,516	33	6,7	15,	601
Net	34	Total liabilities and net assets/fund balances	4,681,751	34	6,7	27,	563
P	art X						
						Yes	No
1	Acc	counting method used to prepare the Form 990 Cash X Accrual	Other				
28	ı We	ere the organization's financial statements compiled or reviewed by an independent a	ccountant?		2a		_X_
Ł) We	ere the organization's financial statements audited by an independent accountant?			2b	X	
	: If "	Yes" to lines 2a or 2b, does the organization have a committee that assumes respons	sibility for oversight of				
	the	e audit, review, or compilation of its financial statements and selection of an independ	lent accountant?		2c	X	
38	a As	a result of a federal award, was the organization required to undergo an audit or aud	its as set forth in				
	the	Single Audit Act and OMB Circular A-133?			3a		X
t	lf "	Yes," did the organization undergo the required audit or audits?	<u> </u>		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Reason for Public Charity Status (All organizations must complete this part) (see instructions)

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

THE FOUNDATION FOR APPALACHIAN OHIO

Employer identification number 31-1620483

The organization is not a private foundation because it is (Please check only one organization) 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III-Functionally Integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports h (vi) Is the (v) Did you notify (vii) Amount of (I) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization (i) organized in the above or IRC section col (i) of your governing document? (see instructions)) support? US? Yes No Total

Schedule A (Form 990 or 990-EZ) 2008 THE FOUNDATION FOR APPALACHIAN OHIO 31-1620483

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section.A: Public Support Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (a) 2004 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not 2,465,977 include any "unusual grants") 665,308 874,904 1,318,452 1,065,043 6,389,684 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,465<u>,</u>977 6,389,684 665,308 874,904 1,318,452 1,065,043 Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,872,793 Public support. Subtract line 5 from line 4 4,516,891 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (e) 2008 (f) Total (c) 2006(d) 2007 Amounts from line 4 665,308 874,904 1,318,452 1,065,043 2,465,977 6,389,684 Gross income from interest, dividends payments received on securities loans, rents, royalties and income from similar 83,799 109,422 547,984 84,377 141,342 129,044 sources 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 4,070 2,437 1,634 (Explain in Part IV.) Total support. Add lines 7 through 10 6,941,738 11 12 12 Gross receipts from related activities, etc. (see instructions) 12,927 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 65.0686 %

Section C. C	Computation	of Public	Support	Percentage
--------------	-------------	-----------	---------	------------

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 50.4367 15

33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box	on line 9 of Pa	rt I.)			
	tion A: Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	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 are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						····
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		γ	· · · · · · · · · · · · · · · · · · ·		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		<u></u>				· · · · · · · · · · · · · · · · · · ·
13	Total support. (Add lines 9, 10c, 11,		<u> </u>				
	and 12)			L			
14	First five years. If the Form 990 is for the o	•	second, third, fourt	h, or fifth tax year a	s a section 501(c)(3)	٠, ٢
<u></u>	organization, check this box and stop here				 		<u> </u>
	tion C. Computation of Public Su			<u> </u>		45	
15	Public support percentage for 2008 (line 8,	• • •	•	(1))		15	%
16 Sec	Public support percentage from 2007 Schertion D. Computation of Investme					16	<u>%</u>
	· · · · · · · · · · · · · · · · · · ·			olumn (f))		17	
17 18	Investment income percentage for 2008 (Iiii Investment income percentage from 2007 S		=	olullii (I))		18	<u>%</u>
10 19a	33 1/3 % support tests—2008. If the organ			I4 and line 15 is m	ore than 33 1/3 %		
	17 is not more than 33 1/3 %, check this bo	x and stop here. T	he organization qu	alifies as a publicly	supported organiz	ation	▶ [
b	33 1/3 % support tests—2007. If the organ						
20	line 18 is not more than 33 1/3 %, check this		=			anızatıon	-

Schedule A (Form 990 or 990-EZ) 2008 THE FOUNDATION FOR APPALACHIAN OHIO 31-1620483

Page 4

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions)

\$

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME

4,070

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 2008

Open to Public Inspection

Employer identification number Name of the organization THE FOUNDATION FOR APPALACHIAN OHIO 31-1620483 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 29 82 Total number at end of year 1 1,249,429 1,216,548 Aggregate contributions to (during year) 49,600 97,432 Aggregate grants from (during year) 2,240,832 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 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 _ _ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		ATION FOR APP			-16204		(·			ge 2
	rt III Qrganizations Maintaining					ar AS	sets (<u>continu</u>	iea)	
3	Using the organization's accession and other items (check all that apply)	ecords, check any of the fo	llowing that are a sig	gnificant use of it	ts collection					
а	Public exhibition	d Loan o	r exchange progran	าร						
b	Scholarly research	e Other	· · ·							
c	Preservation for future generations	_					_			
4	Provide a description of the organization's coll	ections and explain how the	y further the organia	zation's exempt p	purpose in					
5	Part XIV During the year, did the organization solicit or								П.	
	assets to be sold to raise funds rather than to							Yes	No	<u> </u>
Pa	rt IV Trust, Escrow and Custod				wered "Ye	es" to	Form	990,		
	Part IV, line 9, or reported a	an amount on Form 9	90, Part X, line	21.						
1a	Is the organization an agent, trustee, custodia	n or other intermediary for c	ontributions or other	assets not			~			
	ıncluded on Form 990, Part X?							Yes	U N∈	o
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following ta	able							_
								Amoun	it	
c	Beginning balance					1c				_
	Additions during the year					1d				_
	<u> </u>					1e				_
e	Distributions during the year					1f				
f	Ending balance					11				
	Did the organization include an amount on For	m 990, Part X, line 217					لـا	Yes	∐ N∈)
	If "Yes," explain the arrangement in Part XIV		1457 87		5					
Pa	rt V Endowment Funds. Comp			T						
		(a) Current year	(b) Prior year	(c) Two years t	pack (d) Th	ree ye	ars back	(e) Fou	r years ba	ıck
1a	Beginning of year balance	3,559,474						<u> </u>		
b	Contributions	1,141,088								
С	Investment earnings or losses	54,055		<u> </u>						
d	Grants or scholarships	78,402	-							
	Other expenditures for facilities		· · · · · · · · · · · · · · · · · · ·							
	and programs			1						
f	Administrative expenses	57,113								_
	End of year balance	4,619,102								
g 2	Provide the estimated percentage of the year			<u> </u>				L		
	Board designated or quasi-endowment	%								
	- · · · · · · · -	"								
	Permanent endowment %									
	Term endowment									
3a	Are there endowment funds not in the possess	sion of the organization that	are held and admin	istered for the						
	organization by									No.
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(II), are the related organizations	listed as required on Schedi	ule R?					3b		
4	Describe in Part XIV the intended uses of the									
Pa	rt VI Investments—Land, Build	ings, and Equipment	<u> See Form 990</u>	<u>), Part X, line</u>	e 10.					
	Description of investment	(a) Cost or other basis	(b) Cost or of	her ((c) Depreciation	on		(d) Book	value	
		(investment)	basis (othe	r)						
1a	Land									
	Buildings		1							
	Leasehold improvements		1				+			
	•		9.0	,001	77	,81	<u></u>		12,1	<u>0</u> 1
	Equipment	· · · · · · · · · · · · · · · · · · ·	+	,,,,,,		, , , ,	-		<u> </u>	<u></u>
	Other	rem 000 Part V selvers (D)	line 10(a))				+		10 1	0 7
otal	Add lines 1a-1e (Column (d) should equal Fo	inn 990, Part A, Column (B).	, mie tu(c))						12,1	
						S	chedul	e D (For	m 9901 2	ពេកន

Schedule D (Form 990) 2008 THE FOUNDATION FOR APP		31-1620483	Page 3
Part VII Investments—Other Securities. See Form 990,			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(including frame of security)		Cost of cha-or-yea	- Tilarket Value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 990	, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		<u></u>	······································
Part IX Other Assets. See Form 990, Part X, line 15.			(h) Dll
(a) Description			(b) Book value
			
			·
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·		
(a) Description of liability	(b) Amount		
Federal income taxes			
		1	
]	
]	
		_	
		1	
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Total. (Column (b) should equal Form 990 Part X, col (B) line 25)		<u> </u>	
In Part XIV, provide the text of the footnote to the organization's financial statem	ents that reports the organ	nization's liability for	
uncertain tax positions under FIN 48			

	dule D (Form 990) 2008 THE FOUNDATION FOR APPALACHIAN		3	Page 4
<u>Pa</u>	rt XI Reconciliation of Change in Net Assets from Form 990 to F	inancial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		_1	2,388,024
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	588,714
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	1,799,310
4	Net unrealized gains (losses) on investments		4	240,775
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4-8		9	240,775
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	2,040,085
_Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements		1	2,692,934
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a 240,775		
b	Donated services and use of facilities	2b		
С	Recovenes of pnor year grants	2c		
d	Other (Describe in Part XIV)	2d 64,135	:	
е	Add lines 2a through 2d		2e	304,910 2,388,024
3	Subtract line 2e from line 1		3	2,388,024
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b	ľ	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c (This should equal Form 990, Part 1, line 12)		5	2,388,024
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per R	eturr	1
1	Total expenses and losses per audited financial statements		1	652,849
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d 64,135		
е	Add lines 2a through 2d		2e	64,135 588,714
3	Subtract line 2e from line 1		3	588,714
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	588,714
	rt XIV Supplemental Information			
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and 4, Part IV, lines 1b		
	b; Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and			
	PART XI, LINE 8 - RECONCILATION OF CHANGES -			
_			_	
	<u> INTER-FUND REVENUE AND EXPENSE - OFFSET ON R</u>	ETURN S	_	$- \frac{64}{135}$
-	INTER-FUND REVENUE AND EXPENSE - OFFSET ON R	ETURN \$;	-64,135 _
_		 		
_			· —	
1	PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED	IN_FINANCIALS -	<u>O</u> T	<u>'HER </u>
	ם זור הפספסר - פסונספס מונג פווופונים מונים קקיווו	ביוופא פֿ		64,135
	INTER-FUND REVENUE AND EXPENSE - OFFSET ON R		_	'=' '= ' =
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	edule Part X						Line								JR	A		ALL!	101	11/	77./	10	11(31		02	04	: 03						P	age 5
	an X	17	<u>əu</u>	pple	me	nta	i in	iori	ına	uor	(C)	ontin	ued																							
-	PAR	<u>T</u> '	XI]	[I_	Ţ)	ĹΝΙ	<u> </u>	ΣD	<u>-</u>	E	K <u>P</u> I	EN	SE	Al	MOI	י <u>א</u> ט.	r <u>s</u>	ī	√C1	רַת	ŒΙ)_]	ĪΝ	F	(NZ	лΩС	ΞZ	ΤĒ	5_ ·	0	<u>T</u> E	EF	_		– ·	
_	<u>IN</u> I	ER	<u>-</u> FU	ИD	RE	<u>EV</u> I	ΞЙſ	JΕ	<u>A</u> 1	ΝĎ	E	ΧP	EN	S <u>E</u>	_	<u>0</u> 1	F <u>F</u> S	S <u>E</u> ?	r_ (<u>N</u> C	R	<u>T</u> I	J <u>R</u> 1	1_	_	_	_	_	<u>\$</u>	_	_	_6	5 <u>4</u> ,	<u>1</u> 3	<u>5</u> .	
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Open to Public

Inspection

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

SCHEDULE 1 (Form 990)

OMB No 1545-0047 2008

× ŝ (h) Purpose of grant Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Employer identification number non-cash assistance (g) Description of 31-1620483 (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed THE FOUNDATION FOR APPALACHIAN OHIO (c) IRC section f applicable General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Name of the organization Part -

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

Enter total number of other organizations

Schedule I (Form 990) 2008

Schedule I (Fc	Schedule I (Form 990) 2008 THE FOUNDATION FOR APPALACHIAN OHIO 31-1620483	CON FOR APPALA	ACHIAN OHIO 3	1-1620483		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	to Individuals in the	e United States. Com	plete if the organizat	ion answered "Yes" on Forn	
	Use Schedule I-1 (Form 990) if additional space is needed	if additional space is	needed.			•
٣	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
SCHOLARSHIPS	RSHIPS	33	49,600	:		
SCHOLA	SCHOLARSHIPS AND GRANTS	45	97,432			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	n required in Part I, li	ne 2, and any other additior	nal information.

Schedule I (Form 990) 2008

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

or Form 990-EZ, Part V, line 38a or 40b.

Compared to Part V, line 38a or 40b.

Compared to Part V, line 38a or 40b.

Compared to Part V, line 38a or 40b.

THE FOUNDATION FO	OR A	PPAL.	ACHIA	OHIO M		31-	162	04	83			
Part I Excess Benefit Transactions (section To be completed by organizations that answe							art \ /	luna A	Λh			
To be completed by organizations that answe	rea Ye	s on Fo	rm 990, P	art IV, line 25a	or 250, or F0	orm 990-EZ, P	aπ v,	ine 4	ŲΒ	(c) (Correct	ted?
1 (a) Name of disqualified person					(b) Description	n of transaction				Yes		No
						 						
				····								
											+-	
2 Enter the amount of tax imposed on the organization ma under section 4958	nagers	or disqu	alified per	sons during the	e year		> \$					
3 Enter the amount of tax, if any, on line 2, above, reimbur	sed by	the orga	nızatıon				▶ \$					
Part II Loans to and/or From Interested F	Perso	ns.										
To be completed by organizations that answe	red "Ye	s" on Fo	rm 990, P	art IV, line 26,	or Form 990-	EZ, Part V, Iır	e 38a					
(a) Name of interested person and purpose	or fro	oan to im the zation?		Onginal al amount	(d) Bala	ance due	(e) in c	default?		proved ard or attee?		Vritten ement?
	<u> </u>	From		ļ			Yes	No	Yes	No	Yes	No
	\dashv											
otal			-	▶ \$	l							1
Part III Grants or Assistance Benefitting	Intere	sted P	ersons		<u> </u>						<u> </u>	
To be completed by organizations that answe												
(a) Name of interested person			(b) Rela	ationship between		rson and the	(c)	Amou	unt of g		r type	of
			-		anization	···	ļ		455151	ance		
	-						-					
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Part IV Business Transactions Involving To be completed by organizations that answe					28b or 28c		<u>. </u>				•	
(a) Name of interested person	(b) I	Relationsh	np between	n (c) An	nount of	(d) Descri	ption o	f trans	action		of.	Sharing org
	inter	ested per organız	son and the ation	e trans	saction						Yes	No No
ED LOWERY OF EDWARD JONES	HUS	BAND	OF			INVESTM	ENT	ADV	ICE		1 3	x
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SCHEDULE O .

(Form 990)

Department of the Treasury

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public

Inspection

Name of the organization

THE FOUNDATION FOR APPALACHIAN OHIO

Employer identification number 31-1620483

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE FOUNDATION'S CURRENT FOCUS IS TO CREATE ACCESS TO EDUCATIONAL

OPPORTUNITIES. THE FOUNDATION'S GUIDING VISION IS ENSURING EVERY CHILD IN

APPALACHIAN OHIO HAS ACCESS TO THE EDUCATIONAL OPPORTUNITIES NECESSARY FOR

SUCCESS. TO MAKE THIS VISION REALITY, THE FOUNDATION ADVANCES PARTNERSHIPS,

PROGRAMS, GRANTS, AND SCHOLARSHIPS TO ACHIEVE FIVE STRATEGIC OBJECTIVES,

WHICH ARE TO:

- A. INSPIRE CONFIDENCE IN THE YOUNG AND YOUNG AT HEART;
- B. SUPPORT EDUCATORS, ESPECIALLY TEACHERS;
- C.HELP FAMILIES PREPARE FOR EDUCATIONAL SUCCESS;
- D.GROW AND LEVERAGE EDUCATIONAL PHILANTHROPY; AND
- E.PARTNER WITH OTHERS TO STRENGTHEN THE INFRASTRUCTURE OF EDUCATIONAL SUCCESS.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

GRANTS TO FUND ENTREPRENEURIAL PROGRAMS, SCHOLARSHIPS AND

COMMUNITY IMPROVEMENT PROJECTS.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990
THE CHIEF EXECUTIVE OFFICER REVIEWS THE FORM 990 OBSERVING THAT ALLOCATIONS
AMONG EXPENSE AND REVENUE ACCOUNTS ARE REASONABLE. OTHER INFORMATION
REGARDING THE ORGANIZATIONS EXEMPT PURPOSES ARE REVIEWED FOR ACCURACY.

ANY CHANGES ARE MADE AND REVIEWED WITH THE BOARD OF DRECTORS.

Name of the organization

THE FOUNDATION FOR APPALACHIAN OHIO

Employer identification number

31-1620483

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
BOARD MEMBERS AND EMPLOYEES HAVE TO COMPLETE A CONFILICT OF INTEREST
OUESTIONNAIRRE ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPARABLE INDEPENDEDNT DATA IS REVIEWED TO HELP DETERMINE COMPENSATION RANGS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS SEE THE PROCEDURES FOR OFFICERS.

6019 THE FOUNDATION FOR APPALACHIAN OHIO
31-1620483 Federal Asset Report
FYE: 9/30/2009 Form 990, Page 1

05/06/2010

Asset	Description	Date I <u>n Service</u>	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other	Depreciation:	11/01/00	4.766		4.766	5 NO 0/I	4.766	0
ı	Dell laptop computer	11/01/99	4,766		4,766	5 MO S/L 5 MO S/L	4,766	0
2	Computer printer	12/29/99	475		475		475	0
3	HP computer	3/13/00 3/13/00	1,510 615		1,510 615	5 MO S/L 5 MO S/L	1,510 615	0
4 5	Digital camera Viewer for camera	3/13/00	259		259	5 MO S/L 5 MO S/L	259	ŏ
6	Colorado backup system	3/13/00	259		259	5 MO S/L	259	ő
7	Internet routing equipment	3/20/00	359		359	5 MO S/L	359	ŏ
8	Dell computer (Paulette)	4/10/00	2,012		2,012	5 MO S/L	2,012	ő
9	Set up computer & internet	4/10/00	509		509	5 MO S/L	509	ŏ
10	Pagemaker software	4/24/00	279		279	5 MO S/L	279	Ō
ii	2 Dell computers	6/20/00	3,954		3,954	5 MO S/L	3,954	0
12	Color printer	6/26/00	493		493	5 MO S/L	493	0
13	Sony portable computer	7/17/01	3,323		3,323	5 MO S/L	3,323	0
14	Dell Latitude C500 computer	7/22/01	1,516		1,516	5 MO S/L	1,516	0
15	Tape drive	12/11/00	546		546	5 MO S/L	546	0
16	Leasehold improvements	3/20/00	9,482		9,482		5,373	633
17	3 telephones	3/13/00	1,272		1.272	7 MO S/L	1,272	0
18	Office furniture	3/13/00	634		634	7 MO S/L	634	0
19	Office chair	4/24/00	210		210	7 MO S/L	210	0
20	2 office chairs	6/13/00	297		297	7 MO S/L	297	0
21	Cannon copier	3/01/00	11,976		11,976	7 MO S/L	11,976	0
22	FIMS software	10/01/01	24,559		24,559	5 MO S/L	24,559	0
23	Notebook computer	9/30/02	1,620		1,620	5 MO S/L	1,620	0
27	Projector	4/30/02	3,795		3,795	7 MO S/L	3,479	316
28	Notebook computer Son PCGFXA63	12/15/02	1,187		1,187	5 MO S/L	1,187	0
29	Computer upgrade hardware (Paulette #8)	6/02/04	1,565 1,997		1,565	3 MO S/L 5 MO S/L	1,565	399
30	Sony Viao laptop computer VGN-A230NB	2/01/05	- 7		1,997 2,043	5 MO S/L	1,465 477	408
31	Sonic Wall CDP 1440l Network Storage Sc	8/09/07 3/31/09	2,043 2,599		2,043	5 MO S/L 5 MO S/L	0	260
32 33	Network Server - TechSoup Dell Latitude E5500	3/31/09	1,114		1,114	5 MO S/L	0	111
33 34	Dell Latitude E5500	3/31/09	1,114		1,114	5 MO S/L	0	iii
35	Lenovo SL300	3/31/09	1,305		1,305	5 MO S/L	ŏ	130
36	Dell Latitude 6400	3/31/09	1,171		1,171	5 MO S/L	ŏ	117
37	Software upgrages	3/31/09	436	X	218	3 MOAmort	Ö	260
38	HP Office et 6310	3/31/09	128		128	5 MO S/L	Ō	13
39	Camcorder - U2120B Flip Ultra HD & tripc		285		285	5 MO S/L	0	29
40	Server Backup - Western Digital	3/31/09	337		337	5 MO S/L	0	34
			90,001		89,783		74,989	2,821
	Total Other Depreciation		90,001		67,763		74,707	2,021
	Total ACRS and Other Deprec	iation	90,001	:	89,783		74,989	2,821
	Grand Totals		90,001		89,783		74,989	2,821
	Less: Dispositions		0		0		0	0
	Less: Start-up/Org Expense		0		0		0	0
	Net Grand Totals		90,001		89,783		74,989	2,821

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of th Internal Revenue		▶ F	ile a separate appl	ication for each ret	urn.		İ	
		omatic 3-Month Extension, comp	elete only Part I and	check this box				•
•	•	ditional (Not Automatic) 3-Month	-		age 2 of this form)			, (
•	•	ess you have already been granted	•	•	•			
Part I		c 3-Month Extension of Tir				. 0000		
			•					
A corporation r	required to file	Form 990-T and requesting an auto	matic 6-month exten	sion—check this bo	x and complete			. 1
Part I only								▶ {
All other corpo	rations (includi	ng 1120-C filers), partnerships, REf	MICs, and trusts mus	t use Form 7004 to	request an extens	ion of		
ime to file inco	ome tax returns							
Electronic Fili	ing (e-file). Ge	nerally, you can electronically file Fe	orm 8868 if you wan!	a 3-month automat	ic extension of tim	e to file		
one of the retu	rns noted befor	v (6 months for a corporation requir	ed to file Form 990-7	Γ) However, you car	nnot file Form 886	8		
electronically if	f (1) you want t	ne additional (not automatic) 3-mon	th extension or (2) yo	ou file Forms 990-BL	., 6069, or 8870,	group		
eturns, or a co	omposite or co	nsolidated Form 990-T Instead, you	u must submit the ful	y completed and sig	ned page 2 (Part	II) of For	m	
	•	electronic filing of this form, visit w		-				
Type or	Name of Exe	mpt Organization				Employ	er identific	ation number
print								
le by the	THE FO	UNDATION FOR APPA	LACHIAN OF	IIO		31-1	620483	3
due date for		et, and room or suite no If a P O b				. — —		
iling your		LIC SQUARE, P.O.	•					
eturn See nstructions		post office, state, and ZIP code Fo		see instructions				
	NELSON	VILLE OH	45764					
Check type of	return to be f	iled (file a separate application for	each return)					
X Form 99	0		Form 990-T (cor	poration)			For	m 4720
Form 99	0-BL			. 401(a) or 408(a) tr	rust)		For	m 5227
Form 99				st other than above)			_	m 6069
Form 99			Form 1041-A	, , , , , , , , , , , , , , , , , , , ,			-	m 8870
If the organ	nization does n r a Group Retu	0 - 7 5 3 - 1111 ot have an office or place of businer, enter the organization's four digi	t Group Exemption N	lumber (GEN)		f this is		▶ [
•	roup, check the	_	part of the group, che	ck this box	▶ and at	tach		
		s of all members the extension will o						
•		3-month (6 months for a corporation	•	•				
		, to file the exempt organization re	turn for the organiza	tion named above	The extension is			
	rganization's re	tum for						
	calendar year	or	0/20/00					
► X	tax year beginr	ing $10/01/08$, and ending	9/30/09					
2 If this tax	x year is for les	s than 12 months, check reason	Initial return	Final return	Change in	account	ing period	
3a If this ap	plication is for	Form 990-BL, 990-PF, 990-T, 4720	, or 6069, enter the t	entative tax,				
		credits See instructions	<u> </u>			3a	\$	
b If this ap	plication is for	Form 990-PF or 990-T, enter any re	fundable credits and	estimated tax				
		e any prior year overpayment allow				3b	\$	
		line 3b from line 3a Include your p		n, or, if required,				
		in or, if required, by using EFTPS (E						
	See instructio	· · · · · · · · · · · · · · · · · · ·		- •		3с	\$	
		nake an electronic fund withdrawal v	with this Form 8868.	see Form 8453-EO	and Form 8879-E		· · · · · · · · · · · · · · · · · · ·	
or payment ins			3 2234					
For Privacy A	ct and Paperw	ork Reduction Act Notice, see In	structions.				Form	8868 (Rev 4-20