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## 990-EZ

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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

**Open to Public** Inspection

A	A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20						, 20	
В	Check i	f applicable	Please	C Name of organization			) Employer	identification number
	Addres	change use IRS Appalachian Const Crew Inc 31		360 3	56 36795a4			
	Name o					Telephone		
==	Initial re		type	9803 9 215 CIF	010		202	a9a-1794
=	Termin		See Specific	City or town, state or country, and ZIP + 4	<u> </u>		- 1	
=		ed return	Instruc- tions		1-8123		Group É	
느		ition pending			68183		Number	
	• Se	ection 501(c)(3)		rations and 4947(a)(1) nonexempt charitable	e trusts must attach			d Cash Accrual
			a con	mpleted Schedule A (Form 990 or 990-EZ).		<u> </u>	pecify) ►	
		_		o, accrew. org		H Check I	► 💢 if th	e organization is <b>not</b>
1 1	Nebs	site: ► <u>u</u>	to attach	ch Schedule B (Form 990,				
<u>J</u> 1	ax-e	xempt status (	check or	nly one) - 🗹 501(c) ( 3 ) ◀ (insert no ) 🗌	4947(a)(1) or 527	990-EZ,	or 990-P	<del>-</del> ).
K	Check	► ☐ if the	e organi	zation is not a section 509(a)(3) supporting orga	anization and its gross red	eipts are noi	rmally not	more than \$25,000. A
	Form	990-EZ or Form	n 990 ret	turn is not required, but if the organization ch	ooses to file a return, be	sure to file a	complete	return
L	Add lin	nes 5b, 6b, and 7	b, to line	e 9 to determine gross receipts, if \$500,000 or mo	ore, file Form 990 instead o	f Form 990-E	z Þ	\$
	art I			enses, and Changes in Net Assets				ns for Part I.)
	1			ts, grants, and similar amounts received		`	1	135 695.65
	2		_	revenue including government fees and c			. 2	
	3	-		s and assessments			. 3	
	4	Investment	•				. 4	
	1 _						·   4	<u>ass.as</u>
	5			m sale of assets other than inventory				
	t			er basis and sales expenses			<del></del>	<del></del>
ø	'			n sale of assets other than inventory (Sub				
Ž	6			tivities (complete applicable parts of Schedule G). If		check here ►	$\cup$	
Revenue	6		-	ot including \$ of co				
æ		reported o	n line 1)	)	د .   6a ل	<u>055. 4</u>	1 1	
	t	Less direc	t exper	nses other than fundraising expenses	<u>  6b   1</u>	<u>2120.59</u>	1	
	(	Net income	e or (los	ss) from special events and activities (Sul	btract line 6b from line	6a)	. 60	5838.84
	78	a Gross sale	s of inv	entory, less returns and allowances .				
	t	Less: cost		_ ]				
	(	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						;
	8	Other reve			,		) 8	
	9		•	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 .			<b>→</b> 9	17.707.71
_	10			r amounts paid (attach schedule)				
	11							
s	12	Salarias		for members			. 12	
Expenses	13	Profession	al fooc	13				
e l	14	Courses	A AAR		~~~			
꿃	15	Occupandey, rentRutulties, and maintenance						
	1	11 - 11	Other expenses (describe					
	16						_)   16	<del>                                     </del>
	17	lotallexpe	nses.	Add lines 10 through 16	<del> </del>	<u> </u>	<b>▶</b> 17	7
ţ	18			for the year (Subtract line 17 from line 9)				1,14.18
sse	19			nd balances at beginning of year (from li				
ĕ		-	_	e reported on prior year's return)			<del></del>	
Net Assets	20		Other changes in net assets or fund balances (attach explanation)					
	21			d balances at end of year. Combine lines			<b>▶</b> 21	
P	art I	Balance	Shee	ets. If Total assets on line 25, column (B)	are \$1,250,000 or mor			
				(See the instructions for Part II.)		(A) Begini	ning of year	
22	22 Cash, savings, and investments						22 40 647.15	
23	3 Land and buildings							
							24 859.16	
25	5 7	Fotal assets .					31, 54	
26		rotal liabilitie			1			26
27	, 1	Net assets or	fund b	palances (line 27 of column (B) must agre	ee with line 21)	4132	31,50	27 HI 504.31
_				k Reduction Act Notice, see the separate in		Cat No 1064		Form <b>990-EZ</b> (2009)
		, unu r a					<del>-</del> -	



	990-E2 (2009)						Page Z	
Par	t III Statement of Program Service Accom	plishments (See	the instr	uctions for Part	III.)		Expenses	
Wha	it is the organization's primary exempt purpose?					(Requ	ured for section	
Desc	cribe what was achieved in carrying out the org	and concise		)(3) and 501(c)(4)				
	nizations and section							
	ner, describe the services provided, the number of program title	or percent benefic	· · · · · · · · · · · · · · · · · · ·	sanor rolovana ilin	ommanom for		(a)(1) trusts, optional hers)	
		\		<u> </u>		10r ot	ners )	
28	Built single tamily sir	igle stor		g pegloon		1		
	for Appatechian area fo	mily unal	o}e -	to affo	rd.			
	adequate housing	•						
	(Grants \$ ) If this amount	includes foreign gi	ants ch	eck here	▶ □	28a	39,945.	W3
29	Totalio 4	molades foreign gr	unto, on	001(11010	· · · ·		<u> </u>	
23								
			•••••					
	(Grants \$ ) If this amount	ıncludes foreign gi	ants, ch	eck here	. ▶ 📙	29a		
30								
						1		
	(Grants \$ ) If this amount	ıncludes foreign gi	ante ch	ock here	▶ □	30a		
24		includes foreign gr	unto, on	CONTIOIC		<u> </u>		
31	Other program services (attach schedule) .	Indicates former or				04-		
		includes foreign gr			. ▶ Џ	31a	<del></del>	
	Total program service expenses (add lines 28a					32		
Par	t IV List of Officers, Directors, Trustees, and Ke	<b>y Employees.</b> List ea	ch one ev	ven if not compens	ated. (See the	ınstruc	tions for Part IV.)	
	(a) Name and address	(b) Title and aver hours per wee	age	(c) Compensation (If not paid,	(d) Contributio employee benefit	ns to	(e) Expense account and	
	(a) Name and address	devoted to posit		enter -0)	deferred comper		other allowances	
V	ctoria Edwards							
*****	DO9 LOCIGINE Ave	President	١٦	$\phi$	1 1		め	
		1 ( 5)(6)	<del>'                                    </del>	Ψ	+ $ -$			
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	enneth Zeiger	Vice-Pre	sident	~	<b>→</b>		774	
<u>-a</u>	302 Longview Dr	1		$\phi$	<b>\$</b>		_ <del>_</del>	
_P	1945 mouth 75 68048	}		,	1		•	
	peorge ZISKA Jr	Secretary						
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art	Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
3	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	162	X
14	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
15	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b		35b_		
16	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		X
7a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		_	!
b	Did the organization file Form 1120-POL for this year?	37ь		
8a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	-	, X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	]	1	
9	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on line 9	İ		
	Gross receipts, included on line 9, for public use of club facilities			•
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			į.
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			- '
	·	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			•
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		<u>X</u>
1	List the states with which a copy of this return is filed. ► TEDFRSKA			
2a	The organization's books are in care of ►Janelle Smth Telephone no. ► 400	٦.[﴿	عصر	J- B
_	Located at DIA Logan Ave Bellevue TE ZIP+4 De Lo	<i>8</i> C	OF	2
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority	Г	Vaal	NIC
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_	Yes	NO.
	·	42b		
	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 Bank			
	and Financial Accounts.	Ì		
С		42c		V
Ü	If "Yes," enter the name of the foreign country:	720		
3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
-	and enter the amount of tax-exempt interest received or accrued during the tax year			
		ſ	Yes	No
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		ı es	140
14	Form 990-EZ	44	}	7
5	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	**		
15	"Yes," Form 990 must be completed instead of Form 990-EZ	45		V
	165, 1 Onn 950 must be completed instead of Form 950-LZ		l	(2000)

Part VI

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charit itable trusts m	able trusts only. A ust answer question	II section	 า 9b			
	Did the organization engage in direct or indirect				Ye	s No			
	candidates for public office? If "Yes," complete Schedule C, Part I								
	Did the organization engage in lobbying activities	· ·			47	+>			
b If "Yes," was the related organization a section 527 organization?						+=			
50	If "Yes," was the related organization a section 527 organization?								
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) Exp accoun other allo	ense t and			
	TYA				****				
		-		_					
		-							
		-							
f	Total number of other employees paid over \$10				_				
	\$100,000 of compensation from the organization  (a) Name and address of each independent contractor	· · · · · · · · · · · · · · · · · · ·		Type of service	(c) Comper	nsation			
	<u> </u>	· · · · ·	(-,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
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• • • • • • • • • • • • • • • • • • • •		••••		+					
	Total number of other independent contractors	each receiving over \$100 (	000			<u>-</u>			
					at of my kno	wlodge			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge								
Sign Here	Signature of officer  Danelle R	nith Smith Tr	eqsure	1 3/24/	10				
	Type or print name and title								
Paid Prepare	Preparer's signature	Date	Check if self- employed	Preparer's identifying nur	nber (See inst				
Use On	yours if self-employed),	······································		EIN •					
May th	address, and ZIP + 4 P ne IRS discuss this return with the preparer show	n above? See instructions		Phone no	Yes [	No			
iriay III	to the closes the folder with the property show	23010. GGS mondadions	<u> </u>		rm 990-E				

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

### **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. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number achian 3613679524 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 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.) 6 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) 8 An organization that normally receives: (1) more than 33½ % 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%% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type I c ☐ Type III–Functionally integrated d Type III-Other **b** Type II e 🔲 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). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? . . . . . . . 11g(i) 11g(iı) (ii) A family member of a person described in (i) above? . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization in col organization (described on lines 1-9 in col. (i) listed in your the organization in support above or IRC section governing document? col (i) of your (i) organized in the support? US? (see instructions)) Yes Yes

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total								
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10960 <sup>15</sup>	39063	3 <u>0</u> 900	47109a	35695	17031179		
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	-01-01 <del>6</del>	2001-3.7	3690079	<u> </u>	20 000 05	11179		
4	Total. Add lines 1 through 3 , , .	10900-	24002 -	364602	7.10422-	22042-7	17D311 79		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						4		
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.		<del></del>			<del> </del>	17031179		
	tion B. Total Support	<del></del>	<u> </u>						
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	109b015	3906317	3690039	47129a55		17031179		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	121529	63 060E	2005 45	877 43	33333	641a 06		
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 IV)	6700 <sup>39</sup>	94 9650	501a 54	1009 <sup>1</sup>	ું83ક્રિ <sub>ન</sub>	38, ai7 93		
1	Total support. Add lines 7 through 10 .					1	208941.69		
2	Gross receipts from related activities, etc		•			12			
3	First five years. If the Form 990 is for organization, check this box and stop he	re	<u></u>	id, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)		
Sec	tion C. Computation of Public Su	oport Percer	ntage						
4	Public support percentage for 2009 (line			l, column (f))		14 85			
5	Public support percentage from 2008 Schedule A, Part II, line 14								
6a	· · · · · · · · · · · · · · · · · · ·								
	and stop here. The organization qualifies as a publicly supported organization								
b	33% % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this								
_	box and stop here. The organization qua	•	•	-		406	▶ ∐		
17a	a 10%-facts-and-circumstances test—2009. 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 8	10%-facts-and-circumstances test—2008. 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								

Pa	Support Schedule for Orga (Complete only if you check				a)(2)	-T	19	
Sec	Section A. Public Support							
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include							
2	any "unusual grants ")  Gross receipts from admissions, merchandise	<u> </u>						
_	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 through 5	<b>}</b>				<del> </del>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					ļ	· <del></del>	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
_	Add lines 7a and 7b	<del></del>				<del> </del>		
8	Public support (Subtract line 7c from line 6)		- ^					
Sec	tion B. Total Support	<u> </u>	<u> </u>	<u>'</u>		<u> </u>		
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6							
	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							
11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12)			<u></u>			·	
14	First five years. If the Form 990 is for to organization, check this box and stop			nd, third, fourth				
Sec	tion C. Computation of Public Su		ntage					
15	Public support percentage for 2009 (lin	e 8, column (f)	divided by lin	e 13, column (	(f))	15	%_	
16 Sec	Public support percentage from 2008 Stion D. Computation of Investmen			<u> </u>	· ·	16	<u>%</u>	
	Investment income percentage for 2009			hy line 13 cc	nlump (fil)	17	%	
17 18	-		• •	-		18	%	
	Investment income percentage from 2008 Schedule A, Part III, line 17						nization 🕨 🗆	
ь	line 18 is not more than 331/3 %, check this	s box and stop	h <mark>ere.</mark> The orgar	nization qualifies	s as a publicly:	supported orgar	nization 🕨 📙	
<u> 20 _</u>	Private foundation. If the organization	uiu not check i	a pox on line 1	4, 19a, or 19b,	CHECK INS DO	A AIR SEE INST	uctivits 🚩 🗀	

Part IV	Supplemental Information. Complete this Part II, line 17a or 17b; and Part III, line 12	s part to provide the explanations required by Part II, line 10; 2. Provide any other additional information. See instructions.
Par	+ II # 10	
	•••••	
	Alum cans Recycl	e 34.20
	DIUVEL- MOLKES	1350.00
	Arrshow-worked	1,800.00
***************************************	Conc. Stands - Worked	<u> </u>
	Bowl- A-Thon	1,500,00
	Pancake Breakfost.	Wolked 826.43
***********		
	••••	
	-	
••••••		