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SCANNED DEC 18 2012

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

$\overline{A}$	For the	2011 calendar	year, or tax year be	eginning		, 2011. a	nd ending			, 20	
В			me of organization Ap		rest Heritage Area				D Employ	er identification n	umber
$\tilde{\Box}$	Address		ing Business As							20-0815517	
Η		**************************************	mber and street (or P O	hox if mail is n	ot delivered to street a	ddress)	Room/surte		E Telepho	ne number	
$\exists$	Name ch	iui igo	Box 1206	oon ii maii is ti	0. 00.,,0.,00 10 00.001 0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ĺ		304-636-6182	
Η	Initial ret	····	y or town, state or coun	tn, and 710 + 4	<del> </del>					304-030-0102	
	Termina			itry, and zir + 4							202 002
	Amende		ns, WV 26241		2 2 2 4 4 4			<del></del>	<b>G</b> Gross re		383,003
Ш	Applicat	I .	me and address of princ		Ben Randolph			l .		for affiliates?	_
			Oakdale Rd., Webst	<del>- · · · · · · · · · · · · · · · · · · ·</del>			_	<b>⊣</b>	ll affiliates ir		⊢ No
<u>_</u>				_l 501(c) (	) ◀ (insert no )	947(a)(1) or	527	⊣		I list (see instruction	ns)
J	Website	<u>_</u> _	palachianforest us							number >	
			orporation Trust	_ Association _	Other ►	L Yea	r of formation	n 2001	M State	of legal domicile	wv
P	art I	Summary									
	1		be the organization								
ø			riCorps program an								
au c			AFHA volunteers h						, preserve	historic structu	ıres,
Ĕ		promote Herit	tage Tourism throug	gh outreach a	nd volunteer supp	ort to regio	nal organ	zations			
Activities & Governance	2	Check this bo	ox 🕨 🗌 if the organ	nization disco	ontinued its opera	tions or dis	sposed of	more than	1 25/% of	its net assets.	
9	3	Number of vo	oting members of the	he governing	body (Part VI, lin	e 1a)			3		8
Se	4	Number of in-	dependent voting r	members of	the governing boo	dy (Part VI,	line 1b)		4		8
į	5	Total number	of individuals emp	oloyed in cale	endar year 2011 (	Part V, line	2a) .		5		39
cţi	6	Total number	of volunteers (esti	mate if nece	ssary)				6		75
⋖	7a	Total unrelate	ed business revenu	e from Part	VIII, column (C), li	ne 12 .			7a		0
	b	Net unrelated	business taxable	income from	Form 990-T, line	34			7b		0
				•				Prior Y	ear	Current Y	ear
ø	8	Contributions	and grants (Part \	/III, line 1h)			🗀		224,222		312,495
Revenue	9		revenue (Part )				[		43,594		29,919
eve	10	Investment in	come (Part VIII, co	olumn (A), line	es 3, 4, and 7d)		[		0		3
œ	11		e (Part VIII, column				. –		18,493		40,586
	12		– add lines 8(throu				ne 12)		286,309		383,003
	13		ımılar amounts pai						0		0
	14		to or for members				. [		0		0
S	15		r compensation -en			n (A), lines !	5-10)		280,181		300,272
Expenses	16a		fundraising fees (P	-					0		0
per	b		sing expenses (Par				0	~ [ 1 · ]	·	1 2 - 1 7 - 2 - 2 - 2	1
Ä	17		ses (Part IX, column						24,166		74,088
	18	•	es. Add lines 13-1		•	(A), line 25	" : F		304,347		374,360
	19		expenses. Subtra				′.		(18,038)		8,912
50	_						В	eginning of C		End of Ye	ar
ets c	20	Total assets (	(Part X, line 16)				🗀		31,863		46,882
Net Assets	21		s (Part X, line 26)						5,029	-	11,645
E SE	22		fund balances. Su	ubtract line 2	1 from line 20				26,834		35,237
	art II	Signature				-		-		·	
		<u>_</u>	declare that I have exam	nated this return.	including accompany	ino schedules	and statem	ents, and to	the best of	my knowledge and	belief, it is
			Declaration of preparer (								
_		Ke	n Kardin						141	15/12	
Sig	an	Signature			a . 1	1 0	ि	<b>/</b> D:	ate	1	
	re	16 18.	en Fand	lolph	Presiden	t at	· Do	ard			
		Type or pi	rint name and title		<del>                                     </del>						
_	.:	17,	eparer's name	Prep	arer's signature		Dat	<del></del>	Check	C # PTIN	
	iid	_							self-em		
	epare	1	<b>•</b>					Fin	n's EIN ▶	-	
US	se On	Firm's addres							one no		
Ma	y the II		s return with the pr	reparer show	n above? (see ins	structions)				🗌 Ye:	s 🔲 No
_	<del></del>		n Act Notice, see the			· · · ·	Cat No	11282Y		Form	990 (2011)

For Paperwork Reduction Act Notice, see the separate instructions.

	D (2011)	Page Z
Part I		
_	Check if Schedule O contains a response to any question in this Part III	<u>· · · · · U</u>
1	Briefly describe the organization's mission: Provide direct service to exempt organizations through AmeriCorps program and volunteer coordination. Provide Conservation, Heritage Tourism, and Historic Preservation throughout the Appalachian Forest region encompassi West Virginia and Maryland. Goal to develop a National heritage Area highlighting this region for its natural and m	ng 18 counties in
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	☐ Yes ☑ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	n □Yes ☑No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to repgrants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code: ) (Expenses \$ 308,892 including grants of \$ 260,728 ) (Revenue \$ Provided direct service by AmeriCorps for the purposes of Conservation, Heritage Tourism development, and Hist Completed over 45 projects for 31 sponsoring agencies including state agencies, city government, local historic of conservation organizations, and heritage centers. Trained and supported 38 AmeriCorps members in the performance of the conservation organizations.	rganizations,
4b	(Code: ) (Expenses \$ 52,359 including grants of \$ 35,000 ) (Revenue \$ Conducted and managed the Monongahela Volunteer Program. This program coordinates volunteer activities amo agencies in the Appalachian region.	ong partner
4c	(Code:) (Expenses \$	13,098 )
	Worked with partner organizations to develop heritage tourism and conservation projects such as tree plantings, and interpretive sites centered on conservation and the Civil War.	forestry films,
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program captice expenses > 270 707	

art	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	✓	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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		<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<i></i>	_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	<b>√</b>	<b>✓</b>
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>/</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	<u> </u>	1
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, Parts II and IV.	15		1
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, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
•4	<b>D</b> 14		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	l	<b>√</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I </i>	24d 25a		<b>√</b>
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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	•	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>✓</b>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	/	
		,	_	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			li
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	- 5	,	<u>-</u>
0-		1c	<b>✓</b>	,
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 39			
b	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  [39]  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	<b> </b> -
U	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			<u>_</u> _ 3
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>/</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		· · · · ·
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			<del>                                     </del>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<b>/</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			ļ.,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<b>V</b>
f -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<del>-</del>		<b>-</b>
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		<del>                                     </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	<b></b>		-
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ł
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	↓		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from members or shareholders	ł		İ
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	<u> </u>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1_		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	1
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	<del>  </del>	<del>                                     </del>	<del>  , </del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	1
-	TI "YES " DAS IT THEA A FORM / ZILTO FEDORI TRESE DAVMENTS? IT "NO " DYOVIGE AD EXPLADATION IN SCREAULE D	140	1	1

Form 99				age <b>O</b>
Part '		and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI		<u> </u>	<u> </u>
Section	on A. Governing Body and Management			<del></del>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.  1a 8			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			}
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>√</b>
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			,
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		<b>-</b>
b	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	"	-	-
	the year by the following:			
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	✓_
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
	D. (1)	40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Ì
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<del> </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<del></del>	•	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		<b>✓</b>
13	Did the organization have a written whistleblower policy?	13		<b>✓</b>
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		7
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		·	
<u> </u>	organization's exempt status with respect to such arrangements?	16b	<u> </u>	
	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ West Virginia			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	c)(3)s	onlv
.0	available for public inspection. Indicate how you made these available. Check all that apply.	. 5511	(3),(3)	· •y)
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte	rest p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► AFHA, 401 Davis Avenue Suite 218, Elkins, WV 26241 304-636-6182			

_	-
Pao	e /

Form	990	/201	11

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest	Compensated	<b>Employees</b>	, 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. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- 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 neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, directo	r, or trustee
				((	C)					
(A)	(B)				ition	- 45		(D)	(E)	(F)
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated
	hours per week					or/trust	tee)	compensation from	compensation from related	amount of other
	(describe	일필	Ins	Officer	G G	g. g.	Former	the	organizations	compensation
	hours for	₩ Z	Š	cer	err	l og hes	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	호를	ona		Key employee	8 8		(W-2/1099-MISC)		organization and related
	ın Schedule	Individual trustee or director	Ē		ee	n pe				organizations
	O)	&	Institutional trustee			Highest compensated employee				
			<del> </del>	-	<u> </u>	<u>¤</u>				
(1) Ben Randolph - President										
320 Oakdale Rd., Webster Springs, WV 26288	5			1				0	0	o
(2) Cinda Francis - Treasurer			1		Т		<b></b> -			
PO Box 718, Ripley, WV 25271	5			✓				0	о	o
(3) Christine Glaab - Secretary										
24054 Blue Valley Dr., Silver Spring, MD 20904	.5			✓				0	0	0
(4) Dave McGill - Vice President										
Box 6125, Percival Hall, Morgantown, WV 26506	.5			1				0	0	0
(5) Barbara Breshock										
330 Harper Dr. Suite 1, Beckley, WV 25801	5	<b>✓</b>		<u> </u>				0	0	0
(6) Mark Beals	4	١.								_
512 Ridgewood Ave., Cumberland, MD 21502	.5	<b>✓</b>	_		_		<u> </u>	0	0	0
(7) Susan Williams		,								
134 Spruce Dr , Princeton, WV 24740	5	✓		-	-	<del> </del>	_	0	0	0
(8) Joe Sabatino	٠,	,						0	۰ ا	٥
S Kerens Ave , Elkins, WV 26241	.5	✓	-					- 0	0	
(9)	1									
(10)										
						<u> </u>	·			
(11)	_	ŀ								
(12)	<u> </u>		-							
(12)	1									
(13)										
	_		1		<u> </u>		$ldsymbol{ldsymbol{ldsymbol{ldsymbol{eta}}}$			
(14)	_									}

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	yees	s, ar	nd H	lighes	st C	ompensated E	mployees (cor	ntınue	d)		
					•	C)								
	(A)	(B)	(do n	ot ch		ition more	than c	one	(D)	(E)		(	(F)	
	Name and title	Average					is both		Reportable	Reportable			mated	
		hours per week	office	er and		irect	or/trust	, <u> </u>	compensation from	compensation fro related	m		unt of ther	
		(describe	유급	ns	⊊	ē,	활동	Ş.	the	organizations			ensatio	n
		hours for	dre	로	Officer	eg		Former	organization	(W-2/1099-MIS	2)		n the	
		related organizations	[ 닭 됴	Ö		灵	8 6	]	(W-2/1099-MISC)		1		nization related	
		in Schedule	Individual trustee or director	3		employee	闄						izations	
		O)	l é	Institutional trustee	ł	•	Highest compensated employee							
			İ	ď	ļ		藍							
(15)				T	$\vdash$									
33.57		1									1			
(16)			<del>                                     </del>		-	1					+			
1.10/		i	1								-			
(17)	· · · · · · · · · · · · · · · · · · ·							$\vdash$	<del> </del>	· · · · · · · · · · · · · · · · · · ·	$\dashv$			
3								l						
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(19)														
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(21)														
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(22)														
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(23)														
(24)		]												
			1	ļ										
(25)														
~		1												
1b	Sub-total		· .					▶	0		0			0
С	Total from continuation sheets to Part	VII. Sectio	n A					<b>•</b>	0		0			0
d								▶	0		0			0
2	Total number of individuals (including but				_		above	e) v	ho received m	ore than \$100	000	of		
_	reportable compensation from the organi			1030	, 113	ica	above	c, ••	mo received m	ore than \$100	,000 (	J.		
	Topoliable compensation from the engalit	20110117										1	Yes	No
3	Did the organization list any former of	ficer direc	tor o	or tr	าเรา	<b>8</b> 8	kev e	emr	olovee or high	est compens	ated	<del></del>		
Ū	employee on line 1a? If "Yes," complete							۰	oloyoo, or riigi			3		\[ \sum_{-1}^{-1}
4	•								nd other comm	oncation from	a tha		$\vdash$	<b>,</b>
4	For any individual listed on line 1a, is the organization and related organizations													
	individual	greater th	aii φ	150,	,000	): 1	, ,,	٥,	complete oci	ledule b loi .	Sucri			<b>/</b>
-					+.aa	٠	 	•	· · · · ·	ration or indivi	Idual	4		
5	Did any person listed on line 1a receive of for services rendered to the organization											<u>-</u>		
<del></del>		: 11 163, C	Jone	1010	301	ieui		0,	such person	<u> </u>	<u> </u>	5		
	on B. Independent Contractors										*400	000 - (		
1	Complete this table for your five highest													
	compensation from the organization Rep	ort compe	nsati	on t	or ti	ne c	aienc	ıar	year ending wil	n or within the	; orga	mzauc	шъц	ях
	year.							_						
	(A) Name and business add	lroca							(B) Description of s	enuces	,	(C) Compens		
	Name and dusiness add	11622								ei vices				
None								<u> </u>						
								$\vdash$						
								╁						
								╀						_
	T-1-1					lu-c	had 1	<u>L.</u>	اد ادماده معمد	ough into				
2	Total number of independent contractor							U Th		ove, wno				
	received more than \$100,000 of compen	sation from	the c	ırgaı	ııza	uor			0					

TANIII	Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns 1a					
1a b c d e f	Membership dues 1b		İ			
С	Fundraising events 1c		į			
d	Related organizations 1d					
е	Government grants (contributions) 1e	306,595				
f	All other contributions, gifts, grants,		1			
	and similar amounts not included above 1f	5,900				
¦ g	Noncash contributions included in lines 1a-1f. \$			1		
h h	Total. Add lines 1a-1f	•	312,495			
		Business Code				
2a	USDA Forest Service	11000	15,116	15,116		
b	City of Elkins	561700	6,500	6,500		
C	City of Parsons	561700	800	800		
d	US Fish & Wildlife	11000	6,603	6,603		
e	City of Lewisburg	561700	900	900		
f	All other program service revenue.	-				
g	Total. Add lines 2a-2f	•	29,919			· · · · · · · · · · · · · · · · · · ·
3	Investment income (including divide	ends, interest,				
	and other similar amounts)	▶	3	3		
4	Income from investment of tax-exempt bo	nd proceeds ►	0	0		
5	Royalties	▶	0	0		
	(i) Real	(ii) Personal				
6a	Gross rents					
Ь	Less rental expenses					
C	Rental income or (loss)					
d	Net rental income or (loss)	▶	0	0	<u> </u>	
7a	Gross amount from sales of (i) Securities	(ii) Other				
Ь	assets other than inventory  Less: cost or other basis		:			
	and sales expenses					
С	Gain or (loss) .					
d	Net gain or (loss)	<u> ▶</u>	0	0		 
8a	Gross income from fundraising					
	events (not including \$					
-	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 .	0			
9a	Gross income from gaming activities.  See Part IV, line 19 a					
Ь	Less: direct expenses b		ļ			
C	Net income or (loss) from gaming activ	vities ▶	o	0		
_	Gross sales of inventory, less					
	returns and allowances a	1				
ь	Less: cost of goods sold b					
C	Net income or (loss) from sales of inve	entory ►	o	0	-	
	Miscellaneous Revenue	Business Code				
11a	AmeriCorps Service Heritage	561000	26,090	26,090		1
b	AmeriCorps Service Preservation	561700	6,725	6,725		
C	AmeriCorps Service Conservation	11000	7,461	7,461		
d	All other revenue		310	310		
e	Total. Add lines 11a–11d	•	40,586			
			383,003	383,003		<del> </del>

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	to complete columns (2), (c), and (2).										
Check if Schedule O contains a response to any question in this Part IX											
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0									
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0									
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0									
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o									
7	Other salaries and wages	260,220	243,877	16,343							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	= 13/3								
9	Other employee benefits	26,587	26,587								
10	Payroll taxes	13,465	12,362	1,103							
11		13,403	12,002	17:00							
	Fees for services (non-employees):	45 000	7.045	7.045							
a	Management	15,890	7,945	7,945							
b	Legal	0									
С	Accounting	0									
d	Lobbying	0									
е	Professional fundraising services. See Part IV, line 17	0									
f	Investment management fees	0									
g	Other	16,816	12,506	4,310							
12	Advertising and promotion	14,593	7,483	7,110	<del></del>						
13	Office expenses	4,600		4,600							
	·	4,000		4,000							
14	Information technology										
15	Royalties	0									
16	Occupancy	0			<del> </del>						
17	Travel	4,181	4,181								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	o									
19	Conferences, conventions, and meetings .	300		300							
20	Interest	0									
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization .	0									
23	Insurance	1,692		1,692	· · · · · · · · · · · · · · · · · · ·						
		1,032	<del></del>	.,,,,,							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O)										
а	Supplies & Equipment	10,130	10,130								
b	Staff Training	1,941	1,441	500	. <u></u>						
С	Printng	75	75								
d	Postal	344		344							
e	All other expenses filing, bank fees, etc	3,526		3,526							
25	Total functional expenses. Add lines 1 through 24e	374,360	326,587	47,773							
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here    if following SOP 98-2 (ASC 958-720)	377,300	323,307								

Part X	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	10,005	1	23,96
2	Savings and temporary cash investments	208	2	1,11
3	Pledges and grants receivable, net	1,846	3	4,02
4	Accounts receivable, net	19,503	4	15,65
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
ł	Schedule L	0	5	
6	Receivables from other disqualified persons (as defined under section		1	
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		į	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
:	employees' beneficiary organizations (see instructions)	0	6	
7	Notes and loans receivable, net	0	7	
·   •	Inventories for sale or use	0	8	
9	Prepaid expenses and deferred charges	85	9	
10a	Land, buildings, and equipment: cost or		- 1	
1 .	other basis. Complete Part VI of Schedule D		40-	
b	Less: accumulated depreciation		10c	
11	Investments—publicly traded securities	0	12	
12	Investments—other securities. See Part IV, line 11	0	13	
13	Investments—program-related. See Part IV, line 11	0	14	
14	Intangible assets	216		2,0
15 16	Other assets. See Part IV, line 11	31,863		46,8
17	Accounts payable and accrued expenses	445		5,0
18	Grants payable	0	18	
19	Deferred revenue	0	19	
20	Tax-exempt bond liabilities	0	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0		
	Payables to current and former officers, directors, trustees, key		-	
	employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L	0	22	
23	Secured mortgages and notes payable to unrelated third parties .	0	23	
24	Unsecured notes and loans payable to unrelated third parties	0	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	4,584		6,
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	5,029	26	11,0
. [	Organizations that follow SFAS 117, check here ▶ ☐ and complete			
:	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
<u>:</u>	Organizations that do not follow SFAS 117, check here ▶ ☑ and			
27 28 29 30 31 32 33	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	26,834	30	35,
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
	Total net assets or fund balances	26,834	33	35,
34	Total liabilities and net assets/fund balances	31,863	34	46,1 Form <b>990</b> (2

Page	1	2
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	·			
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>		<u> 7</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		38	3,003
2	Total expenses (must equal Part IX, column (A), line 25)		37	4,360
3	Revenue less expenses. Subtract line 2 from line 1			8,643
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		2	6,834
5	Other changes in net assets or fund balances (explain in Schedule O)			(240)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		3	5,237
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			✓
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	-		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.	ĺ		1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:		ļ	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			<u> </u> i
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1 _
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<b>✓</b>
		Fon	n <b>99</b> 0	(2011)

#### SCHEDULE A (Form 990 or 990-EZ)

### **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

Department of the Treasury Internal Revenue Service

Name of the organization

Appalachian Forest Heritage Area

Employer identification number 20-0815517

Pa	rt I	Reason f	or Public Char	rity Status (All orgai	nizations	must c	omplete	this par	t.) See ır	<u>nstructio</u>	ns.
The o	orga	anization is not	a private founda	tion because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)		
1		A church, con-	vention of church	nes, or association of	churches	describe	ed in <b>sec</b> t	tion 170(	b)(1)(A)(i)		
2		A school desc	ribed in <b>section</b>	170(b)(1)(A)(ii). (Attac	h Schedi	ıle E.)					
3		A hospital or a	cooperative hos	spital service organiza	ition desc	ribed in s	section 1	70(b)(1)(	A)(iii).		
4		A medical rese		n operated in conjunc						(b)(1)(A)(	iii). Enter the
5			ganization operated for the benefit of a college or university owned or operated by a governmental unit described in on 170(b)(1)(A)(iv). (Complete Part II.)								
6 7											
8		A community t	trust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)				
9		receipts from support from	activities related gross investme	receives: (1) more that to its exempt functi nt income and unrel fter June 30, 1975. Se	ions—sub ated bus	oject to d siness tax	ertain ex kable inc	ceptions ome (les	s, and (2) ss section	no more	than 331/3% of its
10		An organization	n organized and	operated exclusively	to test fo	r public s	afety. Se	e <b>sectio</b>	n 509(a)(	4).	
11		purposes of o	ne or more pub	d operated exclusive flicly supported organ describes the type of s	nizations	described	d in secti	on 509(a	a)(1) or se	ction 509	9(a)(2). See section
		a 🔲 Type I	<b>b</b> 🗌	Type II c	□ Туре	III-Functi	onally int	egrated		d 🗌	Type III-Other
e	. [		indation manage	that the organization ers and other than one							
f		If the organiz		written determination	on from t	he IRS t	hat it is	a Type	I, Type I	I, or Typ	e III supporting
ç	I	•	17, 2006, has the	he organization accep	oted any	gift or co	ontributio	n from a	ny of the		
		(i) A person v	who directly or it	ndirectly controls, eithody of the supported o							Yes No
		(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(iı)
				a person described in							11g(iii)
ł	1		•	on about the supporte							
	Nan	ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o	rganization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat	s the ion in col zed in the S ?	(vii) Amount of support
			1	(= 22	Yes	No	Yes	No	Yes	No	
(A)											
(B)											
(C)	·										
(D)											
(E)											

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

26011	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	50,830	198,313	255,559	222,052	306,595	1,027,349
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	2,400	2,400	2,400	2,400	9,600
4	Total. Add lines 1 through 3	50,830	200,713	257,959	224,452	308,995	1,036,949
	-	00,000	20077.10	207,000		550,555	1,000,010
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			į			0
6	· · · · · · · · · · · · · · · · · · ·	<u></u>					1,036,949
	Public support. Subtract line 5 from line 4.  on B. Total Support		-,-				1,030,949
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	50,830	200,713	257,959	224,452	308,995	1.036.949
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	40	24	5	3	72
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	O	0
11	Total support. Add lines 7 through 10						1,037,021
12	Gross receipts from related activities, etc					12	74,005
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u></u> .	<u> </u>	<u> </u>	<u> </u>
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2011 (line		•			14	100 %
15	Public support percentage from 2010 Scl					15	99.99 %
16a							
	box and <b>stop here</b> . The organization qua <b>33</b> <sup>1</sup> / <sub>2</sub> % <b>support test—2010</b> . If the organ check this box and <b>stop here</b> . The organ	nization did no ization qualifies	t check a box s as a publicly	on line 13 or supported org	16a, and line janization .	15 is 33 <sup>1</sup> /3%	or more, . ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che st. The organiza	eck this box ar ation qualifies	nd <b>stop here.</b> B	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets the neets the "facts	"facts-and-ci s-and-circums 	rcumstances" tances" test. T	test, check the organizatio	nis box and st in qualifies as a	op here. a publicly .
18	<b>Private foundation.</b> If the organization di instructions						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	·		· · · · · · · · · · · · · · · · · · ·	· <u>'</u>		<del></del> -
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	(4, 200)	(2) 2000	(-),	(4), 40.10	(9) = 0 11	- Cy vota
2	received (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	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 7a	<b>Total.</b> Add lines 1 through 5 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 \$5,000 or 1% of the amount on line 13 for the year					-	
с 8	Add lines 7a and 7b					-	
O = -1	line 6.)	<u> </u>					
	on B. Total Support	(-) 0007	(1.) 0000	(-) 0000	(-D 0040	(-) 0044	(0 T-4-1
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 10a	Amounts from line 6						
	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.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	=	n's first, secon				tion 501(c)(3)
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2011 (line			3, column (f))		15	%
16	Public support percentage from 2010 Sc	hedule A, Part	III, line 15 .			16	%
	on D. Computation of Investment In				(0)	T 2= T	
17	Investment income percentage for 2011	•		-		17	<u>%</u>
18	Investment income percentage from 2010 331/3% support tests—2011. If the organ					18   nore than 33	1a% and line
19a	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organiz	zation . ► 🗀
b	331/3% support tests—2010. If the organization in 18 is not more than 331/3%, check this	box and stop I	<b>here.</b> The organ	ization qualifies	s as a publicly s	upported org	ganization 🕨 🗌
$\alpha \alpha$	- Ezewata taundatian It the organization d	IG DOLODON O	DOV OR HOO 1/	IUG AT TUR	CODOR THIS DAY	and coo inc	THICHOUS -

Schedule A (F	Form 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	instructions).	
		•••••
***************************************		
		<del>-</del>
		•••••

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

memai Revenue						
f the organiz	tation answered "Yes"	' to Form 990, Part IV, line 3, or Form	990-EZ, Part V, lin	e 46 (Politica	il Campaign A	ctivities), then
	```	Complete Parts I-A and B Do not com	*	_		
		n 501(c)(3)) organizations. Complete P	arts I-A and C below	Do not com	plete Part I-B	
	527 organizations: Com	•				
		' to Form 990, Part IV, line 4, or Form				
		hat have filed Form 5768 (election und				
		hat have NOT filed Form 5768 (election				
		' to Form 990, Part IV, line 5 (Proxy T	ax) or Form 990-EZ	, Part V, line	35c (Proxy Ta	ix), then
<ul> <li>Section 5</li> <li>Name of orga</li> </ul>		nizations: Complete Part III.		<del></del>	Employer iden	tification number
•	Forest Heritage Are					20-0815517
Part I-A		e organization is exempt unde	er section 501(c	or is a se		
		he organization's direct and indirect				3
	•				▶ \$	; ;
	nteer hours					
• • • • • • • • • • • • • • • • • • • •						
Part I-B	Complete if the	organization is exempt unde	er section 501(c	:)(3).		
		excise tax incurred by the organiza			▶ \$	
		excise tax incurred by organization				
		ed a section 4955 tax, did it file For				Yes No
	a correction made?			<i></i>		Tyes No
b If "Ye	es," describe in Part	IV.				
Part I-C	Complete if the	organization is exempt unde	er section 501(c	), except	section 501	(c)(3).
1 Ente	r the amount directl	y expended by the filing organization	ation for section	527 exemp	t function	
activ					. ▶ \$	
	r the amount of the exempt function activ	filing organization's funds contrib	uted to other orga	anızatıons fo	or section ► \$	
		expenditures. Add lines 1 and 2.	Enter here and	on Form 1	120-POL,	
line 1					▶ \$	
4 Did t	the filing organization	file Form 1120-POL for this year?	·			Yes 🔲 No
5 Ente	r the names, address	ses and employer identification nur	nber (EIN) of all se	ection 527 p	olitical organi	zations to which the filing
orga	nization made payme	ents. For each organization listed, e	enter the amount p	oaid from th	e filing organ	ızatıon's funds. Also enter
the a	amount of political co	intributions received that were pro-	mptly and directly	delivered to	a separate p	political organization, such
as a	separate segregated	fund or a political action committee	e (PAC). If addition	nal space is	needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	filing org	nt paid from ganization's one, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)						
(2)	<del> </del>					
(3)						
(4)			-			
(5)						
(6)					· · · · · · ·	

	Complete if the organization is section 501(h)).					
	Check ► ☐ If the filing organization below name, address, EIN, expense	es, and sha	re of excess lobb	oying expenditur	es).	up member's
В	Check ▶ ☐ if the filing organization chec			rol" provisions a	ipply.	
	Limits on Lobbyi (The term "expenditures" mea			)	(a) Filing organization's totals	(b) Affiliated group totals
1	1a Total lobbying expenditures to influence pr	ublic opinion	(grass roots lobby	ring)		
	<b>b</b> Total lobbying expenditures to influence a	legislative bo	ody (direct lobbying	g)		
	c Total lobbying expenditures (add lines 1a a					
	<b>d</b> Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add li	nes 1c and 1	d)			
	f Lobbying nontaxable amount. Enter the columns.	e amount f	rom the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the ar	nount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000		Ì
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	s 5% of the excess o	ver \$1,500,000		I
	Over \$17,000,000	\$1,000,000.				
	g Grassroots nontaxable amount (enter 25%					·-····
	h Subtract line 1g from line 1a. If zero or less	s, enter -0-				
	i Subtract line 1f from line 1c. If zero or less					
	j If there is an amount other than zero o reporting section 4911 tax for this year?		1h or line 1i, did			Yes No
	4-Year (Some organizations that made columns below. Se	e a section s	Period Under Sec 501(h) election do ctions for lines 2a	not have to com	plete all of the five age 4.)	
	Lobbying E	xpenditures	During 4-Year A	veraging Period	1	
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	( <b>d)</b> 2011	(e) Total
2	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					·

Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT fill (election under section 501(h)).	led I	Form	5768		
For ea	nch "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed description	(a	)		(b)	
		Yes	No	Ar	nount	:
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					• • • •
а	Volunteers?	<b>√</b>				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	7				
c	Media advertisements?		1			
d	Mailings to members, legislators, or the public?		✓			
е	Publications, or published or broadcast statements?		✓			
f	Grants to other organizations for lobbying purposes?		✓			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	✓				0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<b>√</b>			
į	Other activities?		✓			0
j	Total. Add lines 1c through 1i		1			
2a b	If "Yes," enter the amount of any tax incurred under section 4912		-			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		1	<u> </u>	_	
ď	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	(5), (	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes."		Part		ine 3	3, is
1 2	Dues, assessments and similar amounts from members	of	1			
а	Current year		2a			
b	Carryover from last year	•	2b			
C	Total	•	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyg and political expenditure next year?					
5	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Pari		<u> </u>				
Comp	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Fo, complete this part for any additional information.	art I	l-A, aı	nd Part	II-B,	line
Volun	teer Board members and public, on behalf of the organization, submitted letters of support for National He	ritag	e Area	Desig	nation	ı.
Execu	tive Director for AFHA met with legislative staff to discuss National Heritage Area legislation					

Schedule C (Forn	m 990 or 990-EZ) 2011	Page 4
Part IV	m 990 or 990-EZ) 2011  Supplemental Information (continued)	
		·
		·····

#### **SCHEDULE D** (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

Inspection

Employer identification number

Appal	achian Forest Heritage Area		20-0815517
Par		or Advised Funds or Other Similar Fu	inds or Accounts. Complete if the
	organization answered "Yes" to F		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4 5	Aggregate value at end of year Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
•	funds are the organization's property, subje-		
6	Did the organization inform all grantees, do		
•	only for charitable purposes and not for the	benefit of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit?		· · · · ·
Par	Il Conservation Easements. Comp	plete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held	•	
	Preservation of land for public use (e.g.,	recreation or education)   Preservation	
	Protection of natural habitat	☐ Preservation	of a certified historic structure
	Preservation of open space	at a set of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	Alon on the forms of a consequence
2	Complete lines 2a through 2d if the organizate easement on the last day of the tax year.	ation neid a qualified conservation contribu	tion in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation eas		
c	Number of conservation easements on a ce		2c
d	Number of conservation easements include		ot on a
	historic structure listed in the National Regis		
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	erminated by the organization during the
	tax year ►		
4	Number of states where property subject to		
5	Does the organization have a written poviolations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor		
Ů	Starr and volunteer riours devoted to monito	ring, inspecting, and chlorolog conservation	on casemona daming the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ea	sements during the year
•	<b>▶</b> \$	mopeoung, and enverong concernance	,
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?		· · · · · · · 🔲 Yes 🗌 No
9	In Part XIV, describe how the organization re	eports conservation easements in its reven	ue and expense statement, and
	balance sheet, and include, if applicable, the		financial statements that describes the
	organization's accounting for conservation		- Other Circles Assets
Par		ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8	
	If the organization elected, as permitted un		
ıa	works of art, historical treasures, or other		
	public service, provide, in Part XIV, the text		
b	If the organization elected, as permitted u		
-	works of art, historical treasures, or other		
	public service, provide the following amoun		
	(i) Revenues included in Form 990, Part VII		
	(ii) Assets included in Form 990, Part X .		
2	If the organization received or held works		
	following amounts required to be reported to		
a	Revenues included in Form 990, Part VIII, lii		
b	Assets included in Form 990, Part X		· · · · <u>/                             </u>

Page 2	
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Part		Collections of	Art, Hist	torical T	reasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her recor	ds, chec	k any of the	e follov	ving that are a s	ignificant use of its
а	☐ Public exhibition		d l	☐ Loan	or exchang	je progi	rams	
b	☐ Scholarly research		e l	Other			·	
С	☐ Preservation for future generations	;						_
4	Provide a description of the organizat XIV.	ion's collections a	and expla	un how th	hey further	the org	anızatıon's exen	npt purpose in Part
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar							
	assets to be sold to raise funds rather							
Part	IV Escrow and Custodial Arra				anization a	answe	rea "Yes" to Fo	orm 990, Part IV,
	line 9, or reported an amount Is the organization an agent, trustee,	t on Form 990, i	Part X, III	ne 21.	r contribut	1000 01	other accete no	······································
та	included on Form 990, Part X?			ediary ic				∏ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIV and compl	ete the fo	llowing to	able:	F	1	mount
_	Danisa balana					4.0		
C	Beginning balance					10	-+	
d	Additions during the year					1d	+	
e	Distributions during the year					1e		
f O-	Ending balance							☐ Yes ☐ No
2a	If "Yes," explain the arrangement in Pa		art A, iiiie	217.				☐ 163 ☐ NO
	V Endowment Funds. Complete		zation an	swered	"Yes" to F	orm 9	90 Part IV line	. 10
rai	Endowment Funds: Comple	(a) Current year	•	or year			(d) Three years back	
10	Beginning of year balance	(a) carroni your	(0)	J. 70u.	(0) ) 02.		(4) 111100 years 2201	(4,1 001 ) 0010 101011
1a	Contributions		<u> </u>				· · · -	
b	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships	<del></del>						
e	Other expenditures for facilities and							
C	programs							
f	Administrative expenses				_			
g	End of year balance	L	<u> </u>					
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	ı, column (a	i)) held	as:	
а	Board designated or quasi-endowment		%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment ►							
0-	The percentages in lines 2a, 2b, and 2				at ara bald	and ad	munictored for th	
Ja	Are there endowment funds not in the possession of the organization that are held and administered for the organization by.  Yes No							
	organization by.							Yes No
	(i) unrelated organizations							3a(ii)
b	(ii) related organizations				 ulo P2			3b
4	Describe in Part XIV the intended use							00
Part								
I GI	Description of property	(a) Cost or o			or other basis	(c)	Accumulated	(d) Book value
	Description of property	(investm			other)		epreciation	
1a	Land							
b	Buildings			ļ				
С	Leasehold improvements							
d	Equipment							<del></del>
е	Other			l				
Total.	Add lines 1a through 1e. (Column (d) r.	nust equal Form <u>9</u>	90, Part 2	X, columr	n (B), line 10	O(c).)	<u>.</u> ▶	

Part VII Investments—Other Securitie	a Coo Form 000 Part V line 19	rage U
Part VII Investments — Other Securitie (a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C) (D)		
(E)		
(F)	-	
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		
Part VIII Investments – Program Relate		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
<u>(5)</u> (6)		
(7)		<u> </u>
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX Other Assets. See Form 990, F		
	(a) Description	(b) Book value
(1) Undeposited Funds (2) Reimbursable Expenses Outstanding		1216 815
(2) Reimbursable Expenses Outstanding (3)		013
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)	(5)	
Total. (Column (b) must equal Form 990, Part X,		▶ 2,031
Part X Other Liabilities. See Form 990  1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	O O	
(2) Payroll Taxes	5,260	
(3) Advance Rent	1,250	
(4) Employee Reimbursements	45	
(5)		
(6)		
(7)		
(8)		
(9)		
(10) (11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	6,555	
		ganization's financial statements that reports the
organization's liability for uncertain tax positions		<u> </u>

Schedų	e D (Form 990) 2011			Page <b>4</b>
Part	XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Statem	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	Ī	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
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 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine		10	
	XII Reconciliation of Revenue per Audited Financial Statemen			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<del>                                     </del>	
	Net unrealized gains on investments	2a		
a	Donated services and use of facilities	<del></del>	-	
b			╡ 1	
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		3	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b		-	
b	Other (Describe in Part XIV.)		4c	
C	Add lines <b>4a</b> and <b>4b</b>			
5				•
	XIII Reconciliation of Expenses per Audited Financial Statem			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا هـ ا		
a	Donated services and use of facilities	2a	-	
b	Prior year adjustments	2b	<u></u>	
C	Other losses	2c		
d	Other (Describe in Part XIV )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIV.)	4b	<del>- </del>	
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	<u>e 18.) </u>	5	
Part				
Part \	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, dditional information.	9; Part III, lines 1a and 4; lines 2d and 4b. Also cor	mplete this part to p	ia 20; orovide
		<u></u>		
			······································	
				· <b></b>
		·····		

#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number			
Appalachian Forest Heritage Area	20-0815517			
990 Part XI Line 5 - Adjustment to reconcile with actuals				
990 Part XII Line 3B - Audıt underway				
330 Falt All Line 3D - Addit dilderway				
OCC Dark VII I im 44.8. Completed and a socied to all manches of the governing hadrofest society.				
990 Part VI Line 11A - Completed copy e-mailed to all members of the governing body for review.				
990 Part VI Line 19 - Documents on file at physical office and available for public inspection.				
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