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Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**A For the 2011 calendar year, or tax year beginning****, 2011, and ending****, 20****B Check if applicable**

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**Appalachian Women's Fund, Inc.**

Number and street (or P O box, if mail is not delivered to street address)

PO Box 1838

City or town, state or country, and ZIP + 4

Boone, NC 28607**D Employer identification number****26-1346239****E Telephone number****(828) 264-4002****F Group Exemption**

Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I Website:** ► **www.appalachianwomensfund.org****H Check** ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J Tax-exempt status** (check only one) - ☒ 501(c)(3) ☐ 501(c)() ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ **103,551******Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

R Revenue	1	Contributions, gifts, grants, and similar amounts received	102,602	
	2	Program service revenue including government fees and contracts		
	3	Membership dues and assessments		
	4	Investment income	557	
	5a	Gross amount from sale of assets other than inventory		
	5b	Less cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
6c	Less direct expenses from gaming and fundraising events			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			
7 Gross sales of inventory, less returns and allowances	7a	Gross sales of inventory, less returns and allowances		
	7b	Less cost of goods sold		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8	Other revenue (describe in Schedule O)	392	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	103,551	
	E Expenses	10	Grants and similar amounts paid (list in Schedule O)	72,532
		11	Benefits paid to or for members	
12		Salaries, other compensation, and employee benefits	5,245	
13		Professional fees and other payments to independent contractors	507	
14		Occupancy, rent, utilities, and maintenance	7,762	
15		Printing, publications, postage, and shipping	308	
16		Other expenses (describe in Schedule O)	17,431	
17		Total expenses. Add lines 10 through 16	103,785	
A Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	(234)	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	48,513	
	20	Other changes in net assets or fund balances (explain in Schedule O)	(1,577)	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	46,702	

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2011)

260

Part II Balance Sheets.(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II



	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	44,653	22	45,910
23 Land and buildings	3,860	23	2,283
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	48,513	25	48,193
26 Total liabilities (describe in Schedule O)	0	26	1,491
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	48,513	27	46,702

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? See attached Statement 1

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 The organization provides funding via grants to other related non-profit organizations in order to reach their mission in assisting women in the Appalachian Community (Grants \$ 72,532) If this amount includes foreign grants, check here	28a	80,058
29	29a	
30	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	80,058

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV



(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC (if not paid, enter -0-))	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See 990 OFOV				
Debbie Stevens 718 Sunset Mountain Road, Boone NC 28607	Chief Financial Officer 15	0	0	0
Patti Turner 522 Shady Bark Lane, Boone NC 28607	Board Member 2	0	0	0
Jean Brooks 490 Pack Hill Road, Blowing Rock NC 28605	Chair 10	0	0	0
Christina Howe 379 New Farm Road, Banner Elk NC 28604	Arts 2	0	0	0
Kathleen Kennedy-Olsen 619 South Dixie Hwy PMB 383, Miami FL 33143	Grants 2	0	0	0
Cathy Williamson PO Box 682, Blowing Rock NC 28605	Public Relations 2	0	0	0
Emily Stallings PO Box 111, Boone NC 28607	Vice Chair 5	0	0	0
Kathy Crutchfield 930 Hunting Hills, Boone NC 28607	Board Member 2	0	0	0
Billie Howell PO Box 1233, Boone NC 28607	Board Member 2	0	0	0
Kay McCloskey PO Box 1691, West Jefferson NC 28694	Board Member 2	0	0	0
Carolyn McKinney PO Box 1272, West Jefferson NC 28694	Board Member 2	0	0	0
Jan Rienerth 348 Poplar Hill Drive, Boone NC 28607	Board Member 2	0	0	0
Nancy Spann 920 Blairmont Drive, Boone NC 28607	Board Member 2	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 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
37 a 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?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c 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		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e 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	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of Debbie Stevens Telephone no 828-264-4002 Located at 718 Sunset Mountain Road Boone, NC ZIP + 4 28607		
b 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)? 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.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must complete this section and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question ☐ in

- 47 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
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000
- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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: *Jean C. Brooks* Date: *3/8/2012*
Jean Brooks, Chair
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: Gwyn R. Parsons Preparer's signature: *Gwyn R. Parsons* Date: 02-13-2012 Check ☐ If self-employed PTIN:
Firm's name: Gwyn R. Parsons, CPA, PLLC Firm's EIN:
Firm's address: 112 Realty Row Phone no: 828-264-0850
Boone NC 28607

May the IRS discuss this return with the preparer shown above? See Instructions ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Appalachian Women's Fund, Inc.

Employer identification number

26-1346239

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 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)**.
- 4 ☐ 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)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other
- 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 organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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Schedule A (Form 990 or 990-EZ) 2011

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2011. 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 ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2010. 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 ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		156,170	85,303	97,559	102,602	441,634
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under sec 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		156,170	85,303	97,559	102,602	441,634
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			23,650	24,275	35,230	83,155
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						
c Add lines 7a and 7b			23,650	24,275	35,230	83,155
8 Public support. (Subtract line 7c from line 6)						358,479

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6		156,170	85,303	97,559	102,602	441,634
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,291	886	640	557	3,374
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		1,291	886	640	557	3,374
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)			476	531	392	1,399
13 Total support. (Add lines 9, 10c, 11, and 12)	0	157,461	86,665	98,730	103,551	446,407

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☒

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private Foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

Appalachian Women's Fund, Inc.

26-1346239

01. Description of other revenue (Part I, line 8)

Description	Amount
-------------	--------

Sales Tax Refund	392
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02. List of grants and similar amounts paid (Part I, line 10)

Activity	Domestic Violence
----------	-------------------

Grantee	OASIS
---------	-------

Address	225 Birch Street, Suite 4
---------	---------------------------

Boone NC 28607

Relationship	Tax Exempt Org.
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Amount	10,300
--------	--------

Activity	Hunger and Poverty
----------	--------------------

Grantee	WAMY
---------	------

Address	225 Birch Street
---------	------------------

Boone NC 28607

Relationship	Tax Exempt Org.
--------------	-----------------

Amount	5,000
--------	-------

Activity	Youth Mentoring
----------	-----------------

Grantee	Western Youth Network
---------	-----------------------

Address	155 Wyn Way
---------	-------------

Boone NC 28607

Relationship	Tax Exemp Org.
--------------	----------------

Amount	5,000
--------	-------

Name of the organization

Employer identification number

Appalachian Women's Fund, Inc.

26-1346239

Activity Education

Grantee ACCESS

Address ASU 287 Rivers Street

Boone NC 28607

Relationship Tax Exemp Org.

Amount 8,500

Activity Domestic Violence

Grantee A.S.H.E.

Address 626 Ashe Central School Road, Unit

Jefferson NC 28640

Relationship Tax Exemp Org.

Amount 5,000

Activity Domestic Violence

Grantee DANA

Address PO Box 1643

Sparta NC 28675

Relationship Tax Exemp Org.

Amount 5,000

Activity Homelessness

Grantee Hospitality House

Address 338 Brook Hollow Road

Boone NC 28607

Relationship Tax Exempt Org.

Name of the organization	Employer identification number
Appalachian Women's Fund, Inc.	26-1346239

Amount 5,232

Activity Hunger and Poverty

Grantee Hunger Coalition

Address PO Box 1837

Boone NC 28607

Relationship Tax Exempt Org.

Amount 6,500

Activity Substance Abuse

Grantee New River Behavioral Health Care

Address 132 Poplar Grove Connector Suite B

Boone NC 28607

Relationship Tax Exempt Org.

Amount 4,800

Activity Health Care

Grantee The Community Care Clinic

Address 141 Health Center Drive

Boone NC 28607

Relationship Tax Exempt Org.

Amount 6,000

Activity Hunger and Poverty

Grantee Blue Ridge Women in Agriculture

Address PO Box 67

Boone NC 28607

Name of the organization

Employer identification number

Appalachian Women's Fund, Inc.

26-1346239

Relationship Tax Exempt Org.

Amount 4,000

Activity Domestic Violence

Grantee New Day of Avery County

Address 110 Elk Street

Newland NC 28657

Relationship Tax Exempt Org.

Amount 6,700

Activity Child Care/Education

Grantee The Children's Council

Address 225 Birch Street, Suite 3

Boone NC 28607

Relationship Tax Exempt Org.

Amount 500

03. Description of other expenses (Part I, line 16)

Description	Amount
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Bank Charges	211
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Licenses	50
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Name of the organization

Employer identification number

Appalachian Women's Fund, Inc.

26-1346239

Paypal	64
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Fundraising Expense	9,503
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Insurance	2,084
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Books, Subscriptions, Reference	281
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Office Supplies	678
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Luncheons	1,657
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Membership Dues	411
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Gifts	1,904
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PO Box Rental	88
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Other Costs	500
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04. Other changes in net assets or fund balances (Part I, line 20)

Description	Amount
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Depreciation	(1,577)
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05. Description of total liabilities (Part II, line 26)

	Beginning	
Category	of Year	End of Year
Payroll Liabilities	0	1,491

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2011

Attachment
Sequence No 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Appalachian Women's Fund, Inc.

FORM 990 - 1

26-1346239

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,577

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	1,577
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	