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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

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

Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2012 calendar year, or tax year beginning 2012, and ending C Name of organization Appalachian Forest Heritage Area D Employer identification number Check if applicable: Doing Business As Address change 20-0815517 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return PO Box 1206 304-636-6182 City, town or post office, state, and ZIP code Terminated Amended return Elkins, WV 26241 G Gross receipts \$ 386,332 F Name and address of principal officer Application pending Ben Randolph H(a) Is this a group return for affiliates? Yes No 320 Oakdale Rd., Webster Springs, WV 26288 **H(b)** Are all affiliates included? ☐ Yes ☐ No 501(c)(3) If "No," attach a list (see instructions) Tax-exempt status 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or Website: ▶ www.appalchianforest.us H(c) Group exemption number ▶ Form of organization Corporation Trust Association L Year of formation: M State of legal domicile: wv Part I Briefly describe the organization's mission or most significant activities: Provide direct service to exempt organizations through AmeriCorps program and volunteer activities. Provide service in areas of Conservation, Heritage Tourism, and Historic Activities & Governance Preservation. AFHA volunteers help eradicate non-native invasive species, survey wildlife areas, preserve historic structures, and promote Heritage Tourism through outreach and volunteer support to regional organizations. 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 46 Total number of volunteers (estimate if necessary) 6 110 Total unrelated business revenue from Part VIII, column (C), line 12 · 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h). 312,495 309,833 9 Program service revenue (Part VIII, line 2g) 29,919 76,350 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 40,586 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 383,003 386,332 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 333,719 300,272 16a Professional fundraising fees (Part IX, column (A), line 11e) . n 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b Other expenses (Part IX, column (A), lines 114=110 (H-24e) VED.

Total expenses. Add lines 13-17 (must equal Part IX; column (A), line 2 17 74,088 59,424 18 374,360 393,143 Revenue less expenses. Subtract line 18 from line 12 19 8,912 (6,811)End of Year Beginning of Current Year Ò 20 Total assets (Part X, line 16) 46,882 43,610 21 Total liabilities (Part X. line 26) . 11.645 14.110 22 Net assets or fund balances. Subtract line 21 35,237 29,500 Part II Signature Block 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 prefa rer (other than officer) is based on all information of which preparer has any knowledge Sign nature of of Date Here Type or print name and title Date Print/Type preparer's name Preparer's signature Paid Check | if self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED

☐ Yes ☐ No

Part	
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	Provide direct service to organizations and communities within the Appalachian Forest Heritage Area in the fields of Heritage Tourism
	Historic Preservation, and Conservation.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4-	(October 1) / Expenses the control of the control o
4a	(Code:) (Expenses \$ 356,855 including grants of \$ 294,831) (Revenue \$ 370,587) Provided direct service in our tri-fold program areas utilizing the services of AmeriCorps members. Through this program we
	sponsored 47 AmeriCorps volunteers who provided service to over 50 regional organizations and communities in the areas of Historic
	Preservation, Conservation and Heritage Tourism. Our members supervised and managed hundreds of additional volunteers, and
	improved over 1000 acres of public land. Our members and volunteers educated local communities on the danger of non-native
	invasive species and eradicated thousands of pounds of said species, planted thousands of trees, and cleaned river banks to name
	only a few of their conservation activities. Volunteers and members supported historic preservation through hands on efforts such as
	brick repointing, window repair, stabilization and maintenance efforts. Members and volunteers also supported heritage tourism by
	acitvely developing programs for local museums, doing outreach and education, archiving and interpreting for local museums and
	collections, and performing research and surveys of historic properties.
4b	(Code:) (Expenses \$ 3,965 including grants of \$ 4,752) (Revenue \$ 5,601)
	AFHA partnered with the USDA and local conservation entities to perform outreach and education about the dangers of spreading
	invasive species via camping and firewood removal, the STOMP program has reached thousands of citizens through print, radio,
	television, and roadside advertising. Educational materials and curricula are being developed to teach children and adults the danger
	of unintentionally helping to spread species into and out of our wilderness.
	Additionally, AFHA has been creating interpretive trails for conservation heritage areas within our region to help showcase various
	aspects of our unique flora. Interpretive signs and markers are being developed to help educate the public about diverse and unique
	ecosystems within the Appalachian Forests.
4c	(Code:) (Expenses \$
	Heritage tourism has been served through the creation of a film showcasing our resilient forests. Local volunteers and professionals
	have produced a film that captures the people and places that are a part of our Appalachian Forest Areas.
<u></u>	
4d	Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
40	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses \$ 265,920

Form **990** (2012)

Checklist of Required Schedules

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		*
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	1	
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		1
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		√
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
C	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
f	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.	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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 and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
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		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? If "Yes," complete Schedule H	20a	†	7
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

Part	Checklist of Required Schedules (continued)			
•	5 114	,	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		1
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		1
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		1
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		1
b c	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		1
d 25a		24d 25a		1
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		,
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
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		1
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	28a 28b		1
c	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	30		1
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, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

	0 (2012)			Page :
Part				_
	Check if Schedule O contains a response to any question in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1]
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	l
•	reportable gaming (gambling) winnings to prize winners?	1c	 	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u> </u>	 •	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 46	ŀ	ļ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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	Ì		
	account)?	4a		✓
ь	If "Yes," enter the name of the foreign country: ▶	<u> </u>	 	
•	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1	1	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	1
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		_
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 as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	 		Ė
	gifts were not tax deductible?	6b		i
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		ŀ	
	and services provided to the payor?	7a	1	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		✓
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:		}	1
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1	i	İ
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders	ļ)	
Þ	Gross income from other sources (Do not net amounts due or paid to other sources			1
	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	ļ	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1	}	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	 	<u> </u>
a	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.		1	
p	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		
C	Enter the amount of reserves on hand	 		+-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	-
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	1	<u>L</u> .

Part \				
	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>
Section	on A. Governing Body and Management			
	1		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			1
	if the governing body delegated broad authority to an executive committee or similar			1
_	committee, explain in Schedule O.		,	
ь	Enter the number of voting members included in line 1a, above, who are independent		}	
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?		- 1	,
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		<u>√</u>
3	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		
4 5	Did the organization make any significant changes to its governing documents since the prior roll 1990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		*
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	ш		<u> </u>
	one or more members of the governing body?	7a		1
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,		-	<u> </u>
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			ı
	the year by the following:			f
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		✓_
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
		40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Ť	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
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		✓
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by			i
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		✓
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			'
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		✓
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	IUa		_
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ West Virginia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	f inte	est p	olicy,
	and financial statements available to the public during the tax year.	- 4 41-		
20	State the name, physical address, and telephone number of the person who possesses the books and records	or the	•	
	organization: ► Phyllis Baxter, 401 Davis Ave Suite 218, Elkins, WV 26241			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	and
		, una
	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 nor any related organization compensated any current officer, director, or trustee.

Check this box in Helitier the organization no					C)	<u></u>				, 01 11 11 11 11 11
(A)	(B)	(al a	-4 -1-		ition			(D)	(E)	(F)
Name and Title	Average		(do not chec oox, unless ¡					Reportable	Reportable	Estimated
	hours per week (list any	office		dad		or/trus	ee)	compensation	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	흵픓	Former	the	organizations	compensation
	related organizations	irec.	喜	🗟	9	doye	T P	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or th	Buc	1	亨	8		(17-2 1003-111100)		and related
	line)	uste	STA		8	9	1	1	}	organizations
		•	tee			Highest compensated employee			ļ	
					-	_				
(1) Ben Randolph - President	.5			Ì.,		İ		1		
320 Oakdale Rd, Webster Springs, WV 26288				✓			L_	<u> </u>	0	0
(2) Cinda Francis - Treasurer	.5							ļ		
PO Box 718, Ripley, WV 25271			Щ	✓				0	0	0
(3) Christine Glaab - Secretary	0									
24054 Blue Valley Dr, Silver Spring, MD 20904	<u> </u>		Ш	✓		<u> </u>		0	0	0
(4) Dave McGill - V. President	.5									
Box 6125, percival Hall, Morgantown, WV 26506				1				0	0	0
(5) Mark Beals - Director	.5				ļ					
512 Ridgewood Ave., Cumberland, MD 21502		✓		L_	_	<u> </u>		0	0	0
(6) Susan Williams - Director	.5			}		['	i		:	
134 Spruce Dr. princeton, WV 24740		/				L		0	0	0
(7) Barbara Breshock - Director	.5			Ì	} '	Ì '	İ	1		
330 Harper Dr. Suite 1, Beckley, WV 25801		✓		<u> </u>				0	0	
(8) Joe Sabatino - Director	1				1			}		
S. Kerens Ave, Elkins, WV 26241		✓	<u> </u>	<u> </u>			<u> </u>	0	0	0
(9) Phyllis Baxter - Executive Director	20						l	1	ļ	
199 Summit St., Elkins, WV 26241		✓	<u> </u>	ļ				1,500	0	0
(10)	ļ					1				
(11)	 		-		├		-			
<u> </u>	†					ļ				
(12)										
(13)					-					
(14)					-					

Pari	Section A. Officers, Directors, Trus	tees, Key E	mplo	yee:			lighe	st C	compensated E	mployees (d	ontinue	ed)		
	(A)		1		•	C) :itian								
	(A) Name and title	(do not check more								(E)			(F)	
	Name and tide	hours per	officer and a director/tri						Reportable compensation	Reportabl compensation			imate ount c	
		week (list any hours for			_			_	from	related	i		other	
		related	Individual trustee or director	State	Officer	Key employee	nplo	Former	the organization	organizatio (W-2/1099-M			ensat om the	
		organizations	충돌	g	1	를	yee c	4	(W-2/1099-MISC)		1	orga	ınızatıd	on
		below dotted	7 हू	al tr		8	뺽	ł	1	}			relate nizatıo	
		'	8	Institutional trustee		"	Highest compensated employee	İ	1		ł	v. gu.	· · · · · · · · · · · · · · · · · · ·	110
		Í]	ď]	ted	1	ļ					
(15)					\vdash				1					
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(16)														
		<u> </u>						L	L	<u></u>				
(17)	***		}		1			ſ	1					
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(18)						Ì		Ì	1)			
40		 	ļi	-	<u> </u>	<u> </u>		<u> </u>		<u> </u>				
(19)		ļ	ļ						[- [
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(22)				\vdash	-				 					
\ 1									1		1			
(23)		<u> </u>		\vdash	\vdash	\vdash		1						
32		†			i			1			-			
(24)														
		1									- {			
(25)														
		L				ليا		L	}					
1b	Sub-total				•			>	0		0			0
C	Total from continuation sheets to Part	VII, Sectio	n A	•	•		•		1,500		0			0
<u>d</u>	 	· · · · · ·					<u></u>	<u> </u>	1,500	<u> </u>	0			0
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received me	ore than \$10	0,000	of		
	reportable compensation from the organi	zation > 0					-						1	T
3	Did the organization list any former of	ficer direct	.				م دها		Javas ar biab	ant namenar	natad		Yes	No
3	employee on line 1a? If "Yes," complete							amp	noyee, or nigh	est comper	isaleu	3	1	1
4	For any individual listed on line 1a, is the								nd ather comm	oncation fro	m tha	13	├	+*
~	organization and related organizations											Ì	1	}
	individual							., 				4		1
5	Did any person listed on line 1a receive of	or accrue co	mper	nsat	ion	fror	n anv	un	related organiz	ation or indi	ividual	 -	\vdash	
	for services rendered to the organization											5	1	1
Section	on B. Independent Contractors											<u> </u>		
1	Complete this table for your five highest	compensat	ed inc	depe	end	ent	contr	acto	ors that receive	ed more than	\$100,	000 o	F	
	compensation from the organization. Repyear.													tax
	(A) Name and business add	iress		_	-				(B) Description of s	ervices		(C) Compens		
Al								-						
None								├						
								 						
								\vdash						
								+-						
2	Total number of independent contractor	ors (includir	na bu	nt n	ot I	imit	ed to	th	ose listed abo	ove) who				
-	received more than \$100,000 of compen									,				

	90 (2012 VIII	Statement of Reve	enue			·-····································		Page 9
		Check if Schedule O		onse to any quest	ion in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns	s 1a	o				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		0				
s, G Am	С	Fundraising events .	1c	0	1			
Gift lar,	d	Related organizations	s 1d	0				
ini	е	Government grants (cor		300,620				
ar S	f	All other contributions, g						1
혈통		and similar amounts not in	ستنسا	9,213				
פים	g	Noncash contributions include		0		Ì		,
	h	Total. Add lines 1a-1	<u>t</u>	Business Code	309,833			, , , , , , , , , , , , , , , , , , , ,
Program Service Revenue	0-	UCDA Div of Farantas			22.224	00.004		
leve	2a	USDA Div of Forestry U.S. Fish & Wildlife Se		11000	33,821	33,821		
8	b	Beverly Heritage Center		11000	7,200	7,200		*
Ž	C d	Aurora Project	51 	712110 813410	5,260 4,525	5,260 4,525		
E S	e	Woodlands Developme	ent Group	813410	2,775	2,775		
grai	f	All other program ser		013410	22,769	22,769		
P	g	Total. Add lines 2a-2		•	76,350			
	3	Investment income						
		and other similar amo		. 1	o	o		
	4	Income from investmen	it of tax-exempt b	ond proceeds ►	0	0		
	5	Royalties		<u> ▶</u>	0	0		
			(i) Real	(ii) Personal				,
	6a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)				-		
	_d	Net rental income or		>	0			
	7a	Gross amount from sales of	(ı) Securities	(ii) Other				'
	١.	assets other than inventory						,
	b	Less: cost or other basis and sales expenses .						•
	_	· · · · · · · · · · · · · · · · · · ·						,
	C	Gain or (loss)						
	d	Net gain or (loss) .		· · · · · · · · · · · · · · · · · · ·	0			
9	8a	Gross income from fu	undraising					
ē		events (not including \$	ariaraion ig	}				
ě		of contributions report	ed on line 1c).					
<u> </u>		See Part IV, line 18 .						
Other Revenue	Ь	Less: direct expense						
O		Net income or (loss)		events . >	o			-
	9a	Gross income from g	aming activities.					
		See Part IV, line 19 .	a					
	b	Less: direct expense						
	С	Net income or (loss)		ivities >	0			
	10a	Gross sales of in						
	1	returns and allowance	_					{
	1	Less: cost of goods				ļ		-
	<u>c</u>	Net income or (loss)			149	149	 	
	<u></u>	Miscellaneous f	revenue	Business Code	-		-	
	11a							
	b							
	d	All other revenue			 			
	de	Total. Add lines 11a-			0			
	12	Total revenue. See i			386,332	386,332	0	(

Form 990 (2012)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon		in this Part IX		<u> </u>
	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				į
_	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	0			· · · · · · · · · · · · · · · · · · ·
5	trustees, and key employees	4 500		4 700	
6	Compensation not included above, to disqualified	1,500	0	1,500	U
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	اه			
7	Other salaries and wages	277,302	277,302	0	0
8	Pension plan accruals and contributions (include	211,302	277,302		<u>_</u>
	section 401(k) and 403(b) employer contributions)	o			
9	Other employee benefits	32,855	32,855	0	0
10	Payroll taxes	22,062	22,062	· · · · · · · · · · · · · · · · · · ·	
11	Fees for services (non-employees):				
а	Management	24,993	12,496	12,497	0
b	Legal	0			
C	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	5,465	5,000	465	0
12	Advertising and promotion	4,244	0	4,244	0
13	Office expenses	3,373	373	3000	0
14	Information technology	0			
15 16	Royalties	0			
17	Occupancy		7 211	667	
18	Payments of travel or entertainment expenses	7,878	7,211	007	
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings .	342	0	342	0
20	Interest	0			
21	Payments to affiliates	0	-	- ''	
22	Depreciation, depletion, and amortization .	0			
23	Insurance	2,308	0	2,308	0
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If		}		I
	line 24e amount exceeds 10% of line 25, column		:		
	(A) amount, list line 24e expenses on Schedule O.)				
a	Background Checks	2,080	1,500	580	0
b	Staff Development/Training	2,845	2,645	200	0
C	Supplies-not office	3,056	3,056	0	0
d	Donations	200	0	200	0
9 25	All other expenses Misc Total functional expenses. Add lines 1 through 24e	2,640	1,320	1,320	0
25 26	Joint costs. Complete this line only if the	393,143	365,820	27,323	0
£U	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) Beginning of year End of year 1 23.968 21,440 2 2 1,111 0 3 4,029 3 0 4 4 15,658 20,635 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 0 0 7 0 7 0 8 o 689 85 9 9 Prepaid expenses and deferred charges . . . 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 0 10c b 0 0 11 11 Investments - publicly traded securities 0 0 12 12 Investments—other securities. See Part IV, line 11 0 0 13 Investments—program-related. See Part IV, line 11 . . . 13 0 14 14 ol 0 2,031 15 15 846 Total assets. Add lines 1 through 15 (must equal line 34) 46,882 16 16 43,610 17 17 5,090 5,302 18 18 ol 0 0 19 19 0 0 20 20 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 0 0 Secured mortgages and notes payable to unrelated third parties . . . 23 0 23 0 Unsecured notes and loans payable to unrelated third parties . . . o 24 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 6,555 8.808 26 Total liabilities. Add lines 17 through 25 . . . 11,645 26 14,110 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Net Assets or Fund 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 35,237 29,500 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds . 32 32 33 33 35,237 29,500 34 46.882 43,610 Form **990** (2012)

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	V
1	Total revenue (must equal Part VIII, column (A), line 12)		38	6,332
2	Total expenses (must equal Part IX, column (A), line 25)		39	3,143
3	Revenue less expenses. Subtract line 2 from line 1		(<u>6,811)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		3	5,237
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			1,074
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		2	9,500
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		
			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	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1	
	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.			
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		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Forr	n 990	(2012)

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.

0MB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

										
_	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			nes, or association of			ed in sect	tion 170(b)(1)(A)(i)).	
2			170(b)(1)(A)(ii). (Attac		-					
3			spital service organiza							
4	_	•	on operated in conjunc	ction with	a hospit	al describ	oed in se	ction 170)(b)(1)(A)	(iii). Enter the
	•	ne, city, and state								,
5		on operated for t)(1)(A)(iv). (Comp	the benefit of a collect plete Part II.)	ge or univ	versity ov	vned or o	operated	by a gov	vernment	al unit described in
6	☐ A federal, state	e, or local gover	nment or governmenta	al unit des	scribed ir	section	170(b)(1)(A)(v).		
7		•	receives a substantia (A)(vi). (Complete Par	•	its suppo	ort from a	governr	nental un	it or fron	the general public
8	☐ A community t	trust described in	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	rt II.)				
9	☐ An organizatio	n that normally	receives: (1) more that	an 33¹/₃%	of its su	pport fro	m contri	butions, i	members	hip fees, and gross
			to its exempt functi							
	support from	gross investme	nt income and unrel	ated bus	siness tax	kable inc	ome (les	s section	n 511 ta	x) from businesses
	acquired by th	e organization a	fter June 30, 1975. Se	e sectio	n 509(a)(2). (Comp	olete Part	: III.)		
10	☐ An organizatio	n organized and	operated exclusively	to test fo	r public s	afety. Se	e sectio	n 509(a)(4).	
11	•	•	d operated exclusive		-	_			-	or to carry out the
			licly supported organ							
	509(a)(3). Che	ck the box that o	describes the type of	supportin	ig organiz	ation and	d comple	te lines 1	1e throug	jh 11h.
	a 🗌 Type i	b 🗌 Type	II c Type III	-Function	nally integ	grated	d □ -	Гуре III-N	lon-funct	ionally integrated
е			that the organization	is not co	ntrolled d	irectly or				
			ers and other than one							
	or section 509	-				• •	•			
f			written determination	on from t	the IRS t	hat it is	a Type	I, Type I	I, or Typ	e III supporting
	•	check this box .						· · · ·		
9	Since August	17. 2006, has t	he organization accep	oted anv	aift or co	ontributio	n from a	nv of the	1	_
	following pers				J			,		
			ndirectly controls, eith	ner alone	or toget	her with	persons	described	d in (ii) ar	nd Yes No
			ody of the supported o							11g(i)
	• •	-	on described in (i) abo	•						11g(ii)
			a person described in							11g(iii)
h			on about the supporte							84/
	Name of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did v	ou notify	(A)	s the	(vii) Amount of monetary
(1)	organization	(", = "	(described on lines 1-9	in col. (i) lis	sted in your	the organ	nization in	organizat	ion in col	support
			above or IRC section	governing	document?	col. (i)	of your oort?		zed in the S ?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
									-	
(A)					ì					
				 				 	<u> </u>	
(B)										
		 		 	 		 	 		
(C)							ļ		İ	
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(D)		1	[
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(E)		}		1	1			1	ŀ	
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COLICGE	071 (1 01111 090 01 090-LZ) 2012						i ago =
Part							
	(Complete only if you checked the				•	_	alify under
	Part III. If the organization fails to	quality unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	198,313	255,559	222,052	306,595	304,786	1,287,305
2	Tax revenues levied for the			1			
	organization's benefit and either paid to or expended on its behalf	_	_	_ [_	_	_
_	·	0	0	0	0		0
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge		0.400	0.400	2 400	2 400	12 000
	Total. Add lines 1 through 3	2,400	2,400		2,400	2,400	12,000
4		200,713	257,959	224,452	308,995	307,186	1,299,305
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	governmental unit or publicly supported organization) included on			ļ l			
	line 1 that exceeds 2% of the amount	ļ					
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.						1,299,305
Secti	on B. Total Support	•	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	200,713	257,959	224,452	308,995	307,186	1,299,305
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	40	24	5	3	0	72.00
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.)	_			_	ا	
44	Total support. Add lines 7 through 10	0	0	0	0	0	1 200 277
11 12	Gross receipts from related activities, etc	(see instruction	nns)	I		12	1,299,377 79,146
13	First five years. If the Form 990 is for the			d. third. fourth	. or fifth tax v		
	organization, check this box and stop he						
Secti	on C. Computation of Public Support					-	
14	Public support percentage for 2012 (line	6, column (f) di	ivided by line 1	11, column (f))		14	100 %
15	Public support percentage from 2011 Scl					15	100 %
16a	331/3% support test-2012. If the organi	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, c	heck this
	box and stop here. The organization qua	-		_			
b	331/3% support test-2011. If the organ					15 is 33 ¹ /3%	
	check this box and stop here. The organ	ization qualifie	s as a publicly	supported org	janization .		. ▶ 🗆
17a							
	10% or more, and if the organization me						
	Part IV how the organization meets the "I						
	organization						· • 🗖
þ	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organiza						
	Explain in Part IV how the organization in supported organization						
40	Private foundation. If the organization di						_
18	rivate ioungation. If the organization of	iu noi check a	DOX OH HITE 13	o, 10a, 10D, 178	a, OF TED, CHEC	אטע פווט אטע מווט	>

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.)

Public support percentage from 2011 Schedule A, Part III, line 15	Saati	on A Public Support	under the te	ists listed bei	ow, piease co	omplete Fart	11.)	
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17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 9 18 Investment income percentage from 2011 Schedule A, Part III, line 17		,, ,		-				%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	Secti	on D. Computation of Investment In-	come Perce	ntage				
19a 33¹/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33¹/3%, and line 17 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization . ▶ [b 33¹/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/3%, and line 18 is not more than 33¹/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ [17	· · · · · · · · · · · · · · · · · · ·			-		17	%
17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . ► [b 33½% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► [18							%
b 331/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	19a							
line 18 is not more than 331/23%, check this box and stop here. The organization qualifies as a publicly supported organization			-	-			-	
· · · · · · · · · · · · · · · · · · ·	b							
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions \(\bigsim\)	~~		-	_		· -	· -	

Schedule À (F	Chedule À (Form 990 or 990-EZ) 2012 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).							
_								
	•	*******						
		, 						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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20**12**

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	ction 501(c)(4), (5), or (6) orga of organization	inizations: Complete Part III.		I Employer Idea	ntification number
	3				
	chian Forest Heritage Area		los coetion 501/		20-0815517
Part		e organization is exempt und			organization.
1	•	the organization's direct and indire	•	· •	•
2 3	•				
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt und	ler section 501	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiz	ation under section	n 4955 ▶ \$	}
2	Enter the amount of any	excise tax incurred by organizatio	n managers unde	r section 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear?	Yes No
4a	Was a correction made?				Yes 🔲 No
ь	If "Yes," describe in Part				
Part	I-C Complete if the	e organization is exempt und	ler section 501	c), except section 501	(c)(3).
1		ly expended by the filing organiz			
2		filing organization's funds contril		_	
2		vities	-	-	
3	•	expenditures. Add lines 1 and 2		•	
J					
4		n file Form 1120-POL for this year			
•	. .	ses and employer identification nu			
5		ses and employer identification hu ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action committ	ee (PAC). If addition	onal space is needed, prov	ride information in Part IV.
			1	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and
		•		funds. If none, enter -0-	promptly and directly delivered to a separate
			}		political organization. If
]		none, enter -0
(1)					
	- <u></u>		<u> </u>	 	
(2)					
	<u> </u>		 		
(3)	_		1		
(4)					
			 	 	
(5)					
(6)					

- -		•
rag	0	_

Pai	t II-A Complete if the organization section 501(h)).	is exempt u	inder section 5	01(c)(3) and file	d Form 5768 (ele	ction under
Α (Check ► ☐ if the filing organization belo name, address, EIN, expens					up member's
В	Check ▶ ☐ if the filing organization chec	cked box A a	and "limited con	trol" provisions a	appiy.	
•	Limits on Lobby	ing Expendit	ures		(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ans amounts	paid or incurred.)	organization's totals	group totals
18	Total lobbying expenditures to influence p	ublic opinion	(grass roots lobby	ring)		
1	Total lobbying expenditures to influence a	legislative bo	dy (direct lobbyin	g)		
(: Total lobbying expenditures (add lines 1a	and 1b) .				
(Other exempt purpose expenditures					
(Total exempt purpose expenditures (add I	ines 1c and 1	d)			
1	Lobbying nontaxable amount. Enter the	e amount fr	om the following	g table in both		
	columns.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000		ount on line 1e.	·		,
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.		!
	Over \$1,000,000 but not over \$1,500,000		10% of the excess		ļ	:
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				i
	Grassroots nontaxable amount (enter 25%					
i		s, enter -0-				
i	Subtract line 1f from line 1c. If zero or less	s, enter -0-				
į	If there is an amount other than zero of	n either line	1h or line 1i, did	I the organization	file Form 4720	
	reporting section 4911 tax for this year?	<u> </u>		<u> </u>		Yes No
	(Some organizations that mad columns below. S	e a section 5 se the instru	ctions for lines 2	not have to com through 2f on p		·
	Lobbying I	xpenditures	During 4-Year A	veraging Period	т т	
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2	Lobbying nontaxable amount					
	Lobbying ceiling amount (150% of line 2a, column (e))					
(Total lobbying expenditures					
•	Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
1	Grassroots lobbying expenditures					

-	(election under section 501(h)).	(a	3)		(b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	No	A	mount	t
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	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓				
C	Media advertisements?		√			
d	Mailings to members, legislators, or the public?	ļi	✓			
e	Publications, or published or broadcast statements?		1			
f	Grants to other organizations for lobbying purposes?	1	*			
g	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	1			
ï	Other activities?		1			
i	Total. Add lines 1c through 1i		·			- (
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		1			
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 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), d	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		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	R (b)		ill-A,	line	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		<u></u>	·
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
	and political expenditure next year?		4_			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	Part I	i-A (at	filiated	grou	p
st); P	art II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.					
••						

SCHEDULE D

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

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.

Employer identification number Appalachian Forest Heritage Area 20-0815517 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a 2b **b** Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X .

Part	Organizations Maintaining	Collections of Art, Hi	storical Treasures	s, or Other Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	•	ords, check any of t	he following that are a s	ignificant use of its
a	☐ Public exhibition	d	☐ Loan or exchan	ge programs	
b	☐ Scholarly research				
c	☐ Preservation for future generations				
4	Provide a description of the organizat XIII.		lain how they further	r the organization's exem	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather				
Dowl	IV Escrow and Custodial Arra				
Part	line 9, or reported an amoun			answered tes to ro	omi 990, Part IV,
	Is the organization an agent, trustee,			diana ar athar accada na	
1a	included on Form 990, Part X?				Yes 🗌 No
b	If "Yes," explain the arrangement in Pa	art XIII and complete the	following table:	A	mount
C	Beginning balance			1c	
đ	Additions during the year			1d	
e	Distributions during the year			1e	
f	Ending balance			1f	
-	Did the organization include an amoun				☐ Yes ☐ No
	If "Yes," explain the arrangement in Pa				
	V Endowment Funds. Complete	ete if the organization :	enswered "Ves" to	Form 990 Part IV line	10
ai	Endownient Funds. Comple			ars back (d) Three years back	
4.	Designing of year balance	(a) carrein year (b).	(6) 1 10 7 5 6	are back (a) Three your back	(0) 1 021 7 0210 02011
_	Beginning of year balance			·	-
b	Contributions				
С	Net investment earnings, gains, and	i l			
	losses				
d	Grants or scholarships				<u> </u>
e	Other expenditures for facilities and	1			
	programs	<u> </u>			<u> </u>
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of t		nce (line 1g, column (a)) held as:	
а	Board designated or quasi-endowmer	nt ▶ %			
Ь	Permanent endowment ▶	%			
С	Temporarily restricted endowment ▶	·			
	The percentages in lines 2a, 2b, and 2				
3a	Are there endowment funds not in the		nization that are held	I and administered for th	e
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
h	If "Yes" to 3a(ii), are the related organi				3b
4	Describe in Part XIII the intended uses				
	VI Land, Buildings, and Equip				
	Description of property	(a) Cost or other basis		(c) Accumulated	(d) Book value
	Description of property	(investment)	(other)	depreciation	(d) book value
	Lond			 	
	Land	•	- 	 	
b	Buildings	•		 	
C	Leasehold improvements	·		 	
d	Equipment	•			****
<u>e</u>	Other		<u> </u>	1	
Total	Add lines 1a through 1e (Column (d) n	nust equal Form 990. Par	t X. column (R). line 1	(O(c))	

Part VII	Investments—Other Securities	See Form 990, Part X,	ine 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financial	derivatives			
	neld equity interests			
(3) Other		ļ		
(A)		·		
(B)		·		
(C)				
(D) (E)		<u> </u>		
(F)				
(G)				
(H)		·		· · · · · · · · · · · · · · · · · · ·
····(I)				
	b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>		
Part VIII	Investments-Program Relate		line 13.	
	(a) Description of Investment type	(b) Book value	(c) Method of va Cost or end-of-year m	
(1)				····
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(8)				
(9)		<u> </u>		
(10)	000 Dad V - 1 (0) Fr 40 1 A			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. See Form 990, Part X	<u> </u>	<u> </u>	
raitin		a) Description		(b) Book value
(1)				(0) 0001100
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				·
(8)		·····		
(9)				
(10)	4)	- 1 (D) (in a 45)		
Part X	mn (b) must equal Form 990, Part X, on Other Liabilities. See Form 990		· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes	0	1	
(2) Employ	/ee Reimbursements	275		
(3) Payroll		8,533		
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)		<u> </u>	1	
(7)				
(8)			1	
(10)		 	1	
(11)		 	1	
	(b) must equal Form 990, Part X, col. (B) line 25.)	8,808	1	
	SC 740) Footnote. In Part XIII, provide the			reports the organization's
liability for un	ncertain tax positions under FIN 48 (ASC	740). Check here if the text of	the footnote has been provided in F	Part XIII

ran	Reconciliation of Revenue per Audited Financial Statements With Reven			
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:		-	
а	Net unrealized gains on investments		1	
b	Donated services and use of facilities		-	
C	Recoveries of prior year grants		İ	
đ	Other (Describe in Part XIII.)		_ {	
e	Add lines 2a through 2d)	2e	<u> </u>
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		}	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		[
þ	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
art	XII Reconciliation of Expenses per Audited Financial Statements With Expe	nses pe	r Retun	<u> </u>
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:		1	
a	Donated services and use of facilities			
b	Prior year adjustments		ŀ	
C	Other losses		ļ	
d	Other (Describe in Part XIII.)			
e	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:		ĺ	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		,	
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
art	XIII Supplemental Information			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete th	is part to	provide	any additional
form	nation.			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

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.

Name of the organization	Employer identification number				
Appalachian Forest Heritage Area	20-0815517				
					
Part VI Line 11b - Organization disseminated pdf copies of Form 990 and Schedules prior to filing.					
Part VI Line 19 - The organization's governing documents, policies, and financials are available to the	public at our office in Elkins				
Part IX Line 24e - Misc Expenses; Bad Debt, Bank service Charges, Employee health testing, filing fee	s and aguinment rental				
Partix Line 24e - Mist Expenses, Dau Debt, Dank Service Charges, Employee health testing, ming rec	s, and equipment rental				
Part XI Line 8 - Adjustment to reconcile with adjusted 2011 balance sheet.					

	•				