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Form - 990

Department of the Treasury

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

OMB No. 1545-0047 2014

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Internal Revenue Service For the 2014 calendar year, or tax year beginning 2014, and ending 20 D Employer identification number Check if applicable C Name of organization Appalachian Forest Heritage Area Address change Doing business as 20-0815517 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Initial return PO Box 1206 304-636-6182 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ Amended return F Name and address of principal officer: Application pending Joseph Sabatino H(a) is this a group return for subordinates? Yes No 405 Kerns Ave, Elkins, WV 26241 H(b) Are all subordinates included? Yes No. If "No," attach a list, (see instructions) ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status 501(c)(3) 501(c) ( www.appalachianforest.us H(c) Group exemption number ▶ Form of organization Corporation Trust Association L Year of formation M State of legal domicile: 2001 wv Part I Summary Briefly describe the organization's mission or most significant activities: Provide coordinating and support services to stake-Activities & Governance holders according to the themes of Conservation, Historic Preservation, and Forest Heritage. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . Number of independent voting members of the governing body (Part VI, line 1b) 9 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 58 Total number of volunteers (estimate if necessary) . . . . . . 6 100 7a 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** Contributions and grants (Part VIII, line 1h). 405,556 368,088 Revenue Program service revenue (Part VIII, line 2g) 73,581 109,979 Investment income (Part VIII, column (A), lines 3, 4,/and;7d) (\$ 2015 10 0 Other revenue (Part VIII, column (A), lines 51 6d, 8c, 9c, 10c, and 11e) 11 6.633 7,703 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 485,770 485,770 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 13 n 0 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 373,973 444,643 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 65,909 48,231 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 439,882 492,874 19 Revenue less expenses. Subtract line 18 from line 12 45,888 (7,104)**Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 84,341 87,013 21 Total liabilities (Part X, line 26) . 11,707 22 Net assets or fund balances. Subtract line 21 from line 20 75,291 75,306 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 preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of office Here Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check I If self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no.

Form 990 (2014)

🗌 Yes 🔲 No

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

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	To promote and support organizations and entities devoted to activities associated with the conservation, historic preservation, and
	heritage of the Appalachian Forests.
·	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
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.
4a	(Code: ) (Expenses \$ 353,687 including grants of \$ 268,597 ) (Revenue \$ 347,347)
	AFHA Enhancing Assets AmeriCorps program supports organizations focusing on areas of conservation, historic preservation, and community development. In 2014 AFHA deployed 27 AmeriCorps Service Members across our region. These members participated in activities to stem the influx of non-native species into our area and educate the public to these dangers, rehabilitate and preserve historic structures, and strengthen community development through asset mapping and volunteer coordination to name a few of the many activities they participated during their year of service.
4b	(Code:) (Expenses \$112,956 including grants of \$88,892 ) (Revenue \$107,053 )  The AFHA Growing History program deployed 11 AmeriCorps members into our region in support of heritage organizations.  Activities included collections management, museum development, exhibit support, volunteer outreach and coordination, and visitor services to name a few.
40	(Code: ) (Expanses the 2005 restriction are stated to 2005 (Expanses the 2005)
4c	(Code: ) (Expenses \$ 2,955 including grants of \$ 0.00) (Revenue \$ 0.00)  The Appalachian Discovery Center added an additional exhibit in 2014, expanded its public outreach, introduced a folk music
	program to the public, and continued its efforts to educate our region on the importance of the Appalachian Forest and its people to the history of our communities.
4d	Other program services (Describe in Schedule O.) (Expenses \$ 4,970 including grants of \$ 4,862 ) (Revenue \$ 9,860 )
4e	Total program service expenses • 474 568

Part I	V Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
	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		1
	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	1	
	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
	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
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
	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		<b>✓</b>
	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.			_ <b>-</b>
	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		<b>√</b>
	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		<b>√</b>
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	<b>/</b>	
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
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>V</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>V</b>
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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		†

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓ ✓
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>▼</b>
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		✓ ✓
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? <i>If "Yes," complete Schedule R, Part I</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		<b>✓</b>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	0.7		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	1	_

Form **990** (2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			ļ
_	reportable gaming (gambling) winnings to prize winners?	1c	✓	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 58			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	'		) _
	account)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
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		1	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a_		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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			ļ
	and services provided to the payor?	7a		<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	_7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	_7f		<b>V</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>✓</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			- <u>-</u>
_	sponsoring organization have excess business holdings at any time during the year?	8		<b>/</b>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<b>√</b>
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	\ <u> </u>
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			1
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b>/</b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year .   12b	120	-	<del>                                     </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	1
a	Note. See the instructions for additional information the organization must report on Schedule O.	isa		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b	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			
С	Enter the amount of reserves on hand		1	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	1
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h	<del>                                     </del>	<del>                                     </del>

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 or note to any line in this Part VI		<u>.</u> .	. 🗸				
Section	on A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9							
	If there are material differences in voting rights among members of the governing body, or							
	of the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
ь 2	Enter the number of voting members included in line 1a, above, who are independent .    1b 9  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
2	any other officer, director, trustee, or key employee?	2						
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		<del>                                     </del>				
•	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1				
6	Did the organization have members or stockholders?	6		<b>✓</b>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
	one or more members of the governing body?	7a		✓				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			1				
_	stockholders, or persons other than the governing body?	7b		ļ.,				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
_	the year by the following.			ļJ				
a	The governing body?	8a 8b	<b>√</b>	-				
ь 9	Each committee with authority to act on behalf of the governing body?	00	<b>V</b>	-				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1				
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	)				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	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	<b>✓</b>	ļ				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		ļi				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	1	ļ				
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	<b>V</b>					
С	describe in Schedule O how this was done	12c		1				
13	Did the organization have a written whistleblower policy?	13		1				
14	Did the organization have a written document retention and destruction policy?	14		1				
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		1				
b	Other officers or key employees of the organization	15b		✓				
40-	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?	16-						
<b>L</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	<del>                                     </del>	✓				
Ь	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	ļ	<del> </del>				
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	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 int	erest	bolic	y, and				
20	financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and re	coras						

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
				•	C)					<del></del>
(A)	(B)	/da			ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box,	unles	s pe l a d	rson	than on the street that the st	n an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Joseph Sabatino	.5			<b>√</b>				0	0	(
(2) Dave McGill	.25			<b>√</b>				0	0	
(3) Bob Johnson	.25			<b>√</b>				0		
(4) Julie Dzaack	.25			1				0		
(5) Mark Beals	.25	1						0		
(6) Barbara Breshock	.25	1			_					
(7) Susan Williams	.25	<u>,</u>						0		
(8) Diedra Richie	.25	1			-			0		
(9) Frank Stewart	.25	1		_				0		
(10) Phyllis Baxter	20	1						4,333		
(11)		Ť						7,333		
(12)	<del> </del>							-		
(13)										
(14)										

Part '	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					•	C)					1			
	(A)	(B)	(do n	ot ch		ition	than c	nne	(D)	(E)		(	F)	
	Name and title	Average					is both		Reportable	Reportable	Estimated			
		hours per week (list any	office	r and		irect	or/trust	<del>-</del>	compensation from	compensation fro related				
		hours for	ord	Inst	Officer	ě	₽₩	Former	the	organizations	ł		nsation	
		related	firec	rtuti	cer	Key employee	ot oy	₫	organization	(W-2/1099-MISC	)		n the	
		organizations below dotted	tor	ona		탕	88		(W-2/1099-MISC)				ization elated	
		ine)	Individual trustee or director	l tru		yee	npe					organi	zations	
			8	Institutional trustee			Highest compensated employee							
				Ľ.			8							
(15)		 												
						<u> </u>								
(16)						1								
(47)			<u> </u>		├-	-				_				
(17)														
(18)			<u> </u>	<u> </u>			<del> </del> -	├			+			
(10)		<del></del>	}											
(19)						<del>                                     </del>								—
110/		<del> </del>	1					l						
(20)						$T^-$		1						
3			1											
(21)												-		
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(22)														
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(23)			1				ļ							
				<u> </u>	_	_	<u> </u>	<u> </u>			4_			
(24)		<u> </u>												
			ļ —	<del> </del>	ļ	ļ.,	<u> </u>	-	ļ <u> </u>	ļ <del></del>				
(25)		ļ	-	1			İ			Ì				
			<u> </u>					Ļ			_			
1b	Sub-total	 VII Caatia		٠	•	•			4,333		0			0
C	Total from continuation sheets to Part	-		•		•			0		0			0
d 2	<del></del>						<u> </u>	2)	4,333		000 -			0
2	Total number of individuals (including bu reportable compensation from the organ		ו ט נו	1056	e iis	tea	abov	e) w	mo receivea m	ore than \$100,	000 0	) [		
	reportable compensation from the organ	ization = 0							<del></del>				Yes	No
3	Did the organization list any former of	fficer, direc	ctor.	or ti	rust	ee.	kev (	emr	olovee, or high	nest compens	ated			-10
	employee on line 1a? If "Yes," complete							. '		•		3		1
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	cor	npe	nsatio	on a	and other com	pensation from	the			
	organization and related organizations											1		
	ındıvıdual											4		1
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	itior	ı fro	m an	y ur	related organi	zation or indivi	dual			
	for services rendered to the organization	? If "Yes," (	comp	lete	Sc	hed	ule J	for s	such person			5		<b>√</b>
Section	on B. Independent Contractors		•								-			
1	Complete this table for your five highest													
	compensation from the organization. Re	port compe	ensati	on f	or t	he d	calend	dar	year ending wi	th or within the	orga	nızatıc	on's tax	X
	year.							_						
	(A) Name and business ad	droce							(B)	enucos	C.	(C)	ation	
	Name and business add	ui <del>C</del> 33	_					╁.	Description of s	DEI VICES		ompens	aliUH	
None								+						
		_						+	<del></del>					
								+		<del></del>				
								+						
2	Total number of independent contract	ors (includi	na h	ut r	not	lımı	ted t		hose listed ab	ove) who				
_	received more than \$100,000 of comper							J (1	n	3.5,				
				۰. ح		· · · · ·								

Part	VIII	Statement of Reve							···
		Check if Schedule O	contains	a resp	oonse or note to			· · · · · ·	. <u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	3	1a	0				
iza or	b	Membership dues .		1b	0			-	Ì
Contributions, Gifts, Cand Other Similar Am	С	Fundraising events .		1c	0				
E E	d	Related organizations		1d	0				
ns,	е	Government grants (con		1e	362,352				
er S	f	All other contributions, g							
di X		and similar amounts not inc		_1f_	5,736		1		ļ
ont od (	g	Noncash contributions include		-1f <sup>.</sup> \$	0				
	<u> </u>	Total. Add lines 1a-1	<u>f.,</u>		▶	368,088			
une	_				Business Code				J
Program Service Revenue	2a	USDA Mon Forest			110000	29,327	29,327	. 0	0
e H	b	The Nature Conservan	су		110000	10,400	10,400	0	0
Ž	C	City of Elkins			811000	7,050	7,050	0	0
J Se	d	Woodlands Dev. Group			900099	6,628	6,628	0	0
Iran	e	Beverly Heritage Cente			519100	6,555	6,555	0	0
rog	f g	All other program ser Total. Add lines 2a-2			•	50,019	50,019	0	0
	3	Investment income				109,979	····		
		and other similar amo			_	o			
	4	Income from investmen	•	mnt he	and proceeds	0			<del></del>
	5	Royalties		-	` _	0			
		rioyamoo	(ı) Rea		(II) Personal				
	6a	Gross rents							
	b	Less rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or	(loss) .		▶	0			
	7a	Gross amount from sales of	(ı) Securit	ies	(II) Other				
		assets other than inventory	·						
	b	Less cost or other basis							
		and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss) .			<u> ▶</u>	0			
venue	8a	Gross income from fu events (not including \$	undraising						
Other Reve		of contributions reported See Part IV, line 18 .	ed on line 1	c) <b>a</b>					
₹	b	Less: direct expenses			<u> </u>				
	с 9а	Net income or (loss) figross income from gasee Part IV, line 19		_		0			
	ь	Less: direct expenses	s	. b					
	С	Net income or (loss) t	from gamın	g acti	vities ▶	0			more transcriptions as accommod
	10a	Gross sales of in							
		returns and allowanc		_					
	b	Less: cost of goods s							
	С	Net income or (loss) to		of inv	<del>,</del>	111	0		111
		Miscellaneous F	Revenue		Business Code				
	11a					825	825		
	b	Administration Fees			561000	6,767	6,767		
	C	All other revenue			<u> </u>				
	d	All other revenue . Total. Add lines 11a-		•	L				
	е 12	Total revenue. See i	-	•	🟲	7,592	117 602		

## Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	s must complete col	umn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations	-			
	and domestic governments. See Part IV, line 21 .	o			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign	-			
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members [	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .	0	_		
7	Other salaries and wages	387,383	385,593	1,790	(
8	Pension plan accruals and contributions (include		•		
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	28,969	28,969	. 0	(
10	Payroll taxes	28,291	28,291	0	
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
d C	Accounting	2,926	0	2,926	
d	Lobbying	0			
e f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				<del></del>
9	(A) amount, list line 11g expenses on Schedule O)	o			
12	Advertising and promotion	6,884	4,000	2,884	
13	Office expenses	3,135	2,000	1,135	
14	Information technology	0	,	.,,,,,	
15	Royalties	0			
16	Occupancy	851	0	851	
17	Travel	10,726	9,265	1,461	(
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	856	154	702	
20	Interest	0			
21	Payments to affiliates	.0			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	1,699	400	1,299	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
2	Utilities	2 002	750	1 252	
a b	Design	2,003 1,317	750 1,317	1,253	
C	Program Supplies	6,466	6,466	0	
d	Training	7,331	6,599	732	
e	All other expenses Misc	4,037	3,500	537	
25	Total functional expenses. Add lines 1 through 24e	492,874	475,304	17,570	
26	Joint costs. Complete this line only if the	,,,,,,,,	,,,,,,,	17,070	
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	ام		}	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing . . . . . 7,104 1 21,617 Savings and temporary cash investments . 2 2 3 Pledges and grants receivable, net . . . . . 3 54.954 49.893 4 4 21,595 15,065 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 organizations (see instructions). Complete Part II of Schedule L . . . . . 6 0 0 0 7 0 8 Inventories for sale or use . . . . . . 8 688 0 9 Prepaid expenses and deferred charges o 9 0 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 0 10c 0 Investments-publicly traded securities . . . . . 11 11 ol 0 12 Investments-other securities. See Part IV, line 11 . 0 12 0 13 Investments—program-related, See Part IV, line 11 ol 13 0 14 Intangible assets . . . . . . . . . . . . . . . . 0 14 0 15 Other assets, See Part IV, line 11 . . . . . . . . 0 15 438 16 Total assets. Add lines 1 through 15 (must equal line 34) 84,341 16 87,013 Accounts payable and accrued expenses . . . . . . 17 17 1,984 8,436 18 o 18 0 19 Deferred revenue . 19 0 0 20 Tax-exempt bond liabilities . . . . 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. ol 21 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . 22 ol 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 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 7,066 25 3,271 26 Total liabilities. Add lines 17 through 25 9,050 26 11,707 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 Temporarily restricted net assets . . . 28 Permanently restricted net assets . . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 30 75,291 75,306 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 0 0 32 Retained earnings, endowment, accumulated income, or other funds 32 0 0 33 Total net assets or fund balances 75,291 33 75,306 34 Total liabilities and net assets/fund balances . . 84,341 87,013

Page	12

					a
Part	XI Reconciliation of Net Assets	•			
	Check if Schedule O contains a response or note to any line in this Part XI	. <u>.</u> .	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		48	5,770
2	Total expenses (must equal Part IX, column (A), line 25)	2		49	2,874
3	Revenue less expenses. Subtract line 2 from line 1	3			7 <u>,104)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		88	4,341
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8		(	1,931 <u>)</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		7	5,306
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line 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," ex	plain in			1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. •	2a		<b>\</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled 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		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth in			
	the Single Audit Act and OMB Circular A-133?		_3a_		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		
			Forr	n <b>990</b>	(2014)

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Employer identification number

	lachian Forest Heritage Area	** O - 1 - (AII	<del></del>				15517
Pai				<del></del>		<del></del>	ons.
	organization is not a private founda				•	•	
1	A church, convention of church			ibea in <b>se</b>	ection 17	U(D)(1)(A)(I).	
2	A school described in section			*:	470/5/4	1\/A\/:::\	
3 4	☐ A hospital or a cooperative hos ☐ A medical research organization						(iii) Entar tha
4	hospital's name, city, and state		onjunction with a nosp	Jilai uesc	indea iii s	Section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for t		college or university	owned o	r operate	ed by a government	al unit described in
	<b>section 170(b)(1)(A)(iv).</b> (Comp	olete Part II.)					ar arm described in
6	A federal, state, or local govern						
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	the general public
8	A community trust described in						
9	$\square$ An organization that normally						
	receipts from activities related						
	support from gross investme						x) from businesses
40	acquired by the organization at		•		•	•	
10	An organization organized and						
11	An organization organized and one or more publicly supported						
	the box in lines 11a through 11a						
а							=
4	the supported organization(s						
	organization. You must com			ot a majo	anty Or the	c directors or trustee	ss of the supporting
b				nection w	uth its sui	pported organization	n(s) by having
_	control or management of the						
	organization(s) You must co					nar control of manag	go ino supportou
c	☐ Type III functionally integra	ited A supportin	ng organization opera	ted in cor	nection	with, and functionall	v integrated with.
	its supported organization(s)						
d	<del></del>						
	that is not functionally integra						an attentiveness
	requirement (see instructions	•	•				
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported of	organizations .					
g	Provide the following information	n about the supp	oorted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–9 above or IRC section		ır governing ment?	support (see instructions)	other support (see instructions)
			(see instructions))				wich donorie,
				Yes	No		
(A)							
(B)							
	··				 		-
(C)							
(D)							
(E)	<del></del> -						
(E) 				ļ			
Tota	ı						

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

Secu	on A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	255,559	222,052	306,595	304,786	367,153	1,456,145
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	o	o	0	0	o	0
3	The value of services or facilities						
	furnished by a governmental unit to the	1	-				
	organization without charge	2,400	2,400	2,400	2,400	2,400	12,000
4	Total. Add lines 1 through 3	257,959	224,452	308,995	307,186	369,553	1,468,145
5	The portion of total contributions by	201,000	224,402	000,000	307,100	303,333	1,400,143
3		i					
	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)						_
e	· .			··· ·· · · · · · · · · · · · · · · · ·			0
6 Section	Public support. Subtract line 5 from line 4 on B. Total Support						1,468,145
	dar year (or fiscal year beginning in) ▶	(a) 2010	(h) 2011	(=) 2012	(4) 0010	(-) 0014	(O Takal
7			<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	ŀ	257,959	224,452	308,995	307,186	369,553	1,468,145
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar					ŀ	
_	sources	24	5	3	0	0	32
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				1		
	(Explain in Part VI.)	0	0	0	0	0	0
11	<b>Total support.</b> Add lines 7 through 10						1,468,177
12	Gross receipts from related activities, etc.					12	116,217
13	First five years. If the Form 990 is for the	-	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her	re	<u></u>			<u>.</u>	▶ 🗆
Section	on C. Computation of Public Suppor	t Percentage	e				
14	Public support percentage for 2014 (line 6	3, column (f) dı	vided by line 1	1, column (f))		14	100 %
15	Public support percentage from 2013 Sch					15	100 %
16a	331/3% support test-2014. If the organiz						neck this
	box and <b>stop here.</b> The organization qual						. 🕨 🗸
b	331/3% support test-2013. If the organ					15 is 331/3%	or more,
	check this box and stop here. The organi	zation qualifies	s as a publicly	supported org	janization .		. ▶ 🗆
17a	10%-facts-and-circumstances test - 20	<b>)14.</b> If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and	ine 14 is
	10% or more, and if the organization med						
	Part VI how the organization meets the "fa	acts-and-circu	mstances" tes	st. The organiza	ation qualifies	as a publicly su	pported
	organization					, ,	▶ □
ь	10%-facts-and-circumstances test — 20				on line 13 16	a 16b or 17a	
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m						
	supported organization				· · · · ·	•	<b>►</b> □
18	Private foundation. If the organization di						· - 🗆
							<b>▶</b> □
	instructions	· · · ·	· · · · ·	• • • •	<del>· · · · ·</del>	• • • •	<u> </u>

#### 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5 .						
7a	Amounts included on lines 1, 2, and 3			•			
	received from disqualified persons .		ļ	ļ	ļ		
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_							
С 8	Add lines 7a and 7b		+ -				
•	line 6.)						
Secti	on B. Total Support		<u> </u>	<u>.                                    </u>	<u> </u>	<u> </u>	
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6	<u> </u>					(,,
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
,	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L				<u> </u>	504( )(0)
14	First five years. If the Form 990 is for the	-			•		`````
Casti	organization, check this box and stop he on C. Computation of Public Support			· · · · ·	· · · · ·	· · · ·	
15	Public support percentage for 2014 (line			13 column (fl)	<del>_</del> .	15	%
16	Public support percentage for 2014 (line of 2013)		•				<del></del>
	on D. Computation of Investment In				· · · · ·		
17	Investment income percentage for 2014 (			ov line 13. colu	mn (f))	17	%
18	Investment income percentage from 2013		• •	-			%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box						
ь	331/3% support tests - 2013. If the organiz						_
_	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d		_		-	-	_

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

<u> </u>	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	an v	<u>·)                                    </u>	
Section	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	res	NO
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Part I	V Supporting Organizations (continued)	_		
	Outpot in g or game and (commons)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			100
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		1.4	
4	Did the directors trustees or membership of one or more supported organizations have the newer to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		ŀ	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>		<u></u>
	<u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			:
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	İ		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	<del></del> -	
·	significant voice in the organization's investment policies and in directing the use of the organization's	1	}	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ins	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.03	.,,,
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b	<u> </u>	<b> </b>
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
h	· · · · · · · · · · · · · · · · · · ·	3a	-	<del> </del>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<del>-  </del>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	<u> </u>	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<ul> <li>7 Check here if the current year is the organization's first as a non-functional instructions).</li> </ul>		tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6_	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount	<u>r</u>		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015 Add lines 3 <sub>j</sub> and 4c.			
8	Breakdown of line 7			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (F	Fởrm 990 or 990-EZ) 2014	age <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions.)	and
		- <b></b>
		<b></b>
		<b></b>
		<b></b>
••••		****
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#### **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (s	see separate instructions), t	hen	, , , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • •	, ,
	ection 501(c)(4), (5), or (6) orga	anizations Complete Part III		- I Franks and idea	Aidia Aina a anaban
Name	of organization			Employer iden	tification number
	achian Forest Heritage Area				20-0815517
		e organization is exempt und			organization.
1	· · · · · · · · · · · · · · · · · · ·	the organization's direct and indire		· .	
2	•			> >	· 
3	Volunteer hours				
Part	B Complete if the	e organization is exempt und	er section 501(	c)(3).	
1		excise tax incurred by the organiza			_
2	•	excise tax incurred by organization			
3		ed a section 4955 tax, did it file Foi			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV			
Part		e organization is exempt und			(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
				<b>▶</b> \$	
2		filing organization's funds contrib	_		
	•	ivities		·	
3		expenditures. Add lines 1 and 2			
				· ·	
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year	?		Yes No
5		ses and employer identification nui			
		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action committed	e (PAC). II addillo	Trai space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
					delivered to a separate
					political organization If none, enter -0-
			-		
(1)					
	_				
(2)		ļ			
(3)		<b></b>			
(4)			ĺ		
<i>(E)</i>					
(5)			1		
(6)					
(6)			1		l

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age 2

SCH	epule C (Form 990 or 990-E2) 2014					Page Z
Pa	rt II-A Complete if the organization section 501(h)).	is exempt ι	ınder section 5	01(c)(3) and file	d Form 5768 (elec	ction under
A	Check ► ☐ if the filing organization beloname, address, EIN, expense			up member's		
В	Check ► ☐ if the filing organization che	cked box A a	and "limited con	trol" provisions a	ıpply.	
	Limits on Lobby				(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ans amounts	paid or incurred.	.)	organization's totals	group totals
1	a Total lobbying expenditures to influence p	oublic opinion	(grass roots lobby	/ing)		
	b Total lobbying expenditures to influence a	g)				
	c Total lobbying expenditures (add lines 1a					
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add	lines 1c and 1	d)			
	f Lobbying nontaxable amount. Enter the columns.	ne amount fr	om the following	g table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	it is:		
	Not over \$500,000	20% of the an	nount 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	\$175,000 plus	10% of the excess	over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	over \$1,500,000		Ì
	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 25%)	6 of line 1f)				<del> </del>
	h Subtract line 1g from line 1a. If zero or les					
	i Subtract line 1f from line 1c. If zero or less					
	j If there is an amount other than zero of reporting section 4911 tax for this year?			the organization	file Form 4720	Yes No
	(Some organizations that made a sec	tion 501(h) ele	Period Under sec ection do not hav ructions for lines	e to complete all	of the five columns	s below.
	Lobbying	Expenditures	During 4-Year A	veraging Period		
-	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d)</b> 2014	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
descr	ption of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local	<del> </del>				
	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?		<b>/</b>			
d	Mailings to members, legislators, or the public?	<u> </u>				100
e	Publications, or published or broadcast statements?		<b>√</b>			
f	Grants to other organizations for lobbying purposes?	<u> </u>	✓	<del></del>		
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<b>✓</b>				200
i	Other activities?	$\vdash$	1			200 300
i	Total. Add lines 1c through 1i					300
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912				-,	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	İ				
d	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), (	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	yıng				
5	Tarrella and and affection and adjusted an analysis of the analysis of		4			
Par		•	5			
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	un lie	t\· Dar	+ II_Δ	ines	1 and
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up iis	ı, rai	t II-A, I	11163	i anu
		·				

Schedule C (Fo	rm 990 or 990-EZ) 2014	Page 4
Part IV	Supplemental Information (continued)	<del></del>
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		***************************************
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► 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.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name	of the organization		Employer identification number			
Appalachian Forest Heritage Area			20-0815517			
	t I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun				
	Complete if the organization answered "	'Yes" to Form 990, Part IV, line 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year) .					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to the					
6	Did the organization inform all grantees, donors, a	_				
Ū	only for charitable purposes and not for the benef	it of the donor or donor advisor, or fo	or any other nurnose			
		· · · · · · · · · · · · · · · · · · ·				
Par	t II Conservation Easements.		res _ 140			
	Complete if the organization answered "	'Yes" to Form 990 Part IV line 7				
1	Purpose(s) of conservation easements held by the					
-	Preservation of land for public use (e.g., recreat		a historically important land area			
	Protection of natural habitat		a certified historic structure			
	Preservation of open space		a solution motorio ottattare			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation			
	easement on the last day of the tax year.	·	Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	s <i>.</i>				
c	Number of conservation easements on a certified h		2c			
d	Number of conservation easements included in		on a			
_	historic structure listed in the National Register		· · 2d			
3	Number of conservation easements modified, trans	sterred, released, extinguished, or tern	ninated by the organization during the			
	tax year					
4 5	Number of states where property subject to conser					
5	Does the organization have a written policy regulations, and enforcement of the conservation easily	sements it holds?	· · · · · · 🗌 Yes 🗍 No			
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation	easements during the year			
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation ease	ments during the year			
	▶\$	<u> </u>	<b>3 ,</b>			
8	Does each conservation easement reported on line					
	and section 170(h)(4)(B)(ıı)?		· · · · · · 🗌 Yes 🗍 No			
9	In Part XIII, describe how the organization reports of					
	balance sheet, and include, if applicable, the text of		ancial statements that describes the			
	organization's accounting for conservation easeme					
Par	Organizations Maintaining Collections		Other Similar Assets.			
	Complete if the organization answered "					
1a	If the organization elected, as permitted under SFA					
	works of art, historical treasures, or other similar					
	public service, provide, in Part XIII, the text of the fo					
b	If the organization elected, as permitted under SI					
	works of art, historical treasures, or other similar		ucation, or research in furtherance of			
	public service, provide the following amounts relating					
	(i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		• \$			
9	(ii) Assets included in Form 990, Part X	historical transverse or attendance	<b>&gt;</b> \$			
2	If the organization received or held works of art, following amounts required to be reported under SI	nistorical treasures, or other similar	assets for financial gain, provide the			
_		•				
a h	Revenue included in Form 990, Part VIII, line 1 .	• • • • • • • • • •	• \$			

Part	Organizations Maintaining	i Colle	ections of	Art, His	torical	Treasures,	, or Ot	ther Similar A	ssets (cd	ontinued)
3	Using the organization's acquisition, collection items (check all that apply):		sion, and of	ther reco	rds, che	ck any of th	e follov	wing that are a	significan	t use of its
а	☐ Public exhibition			d	☐ Loai	n or exchang	je prog	rams		
b	☐ Scholarly research			е	☐ Othe	er				
	☐ Preservation for future generations	s								
4	Provide a description of the organiza XIII.		collections	and expl	aın how	they further	the org	ganization's exe	mpt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rather	r than	to be mainta							es 🗌 No
Part		_								
	Complete if the organization 990, Part X, line 21.							•		Form
1a	Is the organization an agent, trustee included on Form 990, Part X?									es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII	and compl	ete the fo	ollowing	table:		/	Amount	
C	Beginning balance						10	;		
d	Additions during the year	•					10	1		
е	Distributions during the year						16	)		
f	Ending balance						11			
2a	Did the organization include an amou									
	If "Yes," explain the arrangement in P	art XII	I. Check her	e if the e	xplanation	on has been	provid	ed in Part XIII .		
Part	V Endowment Funds.									
	Complete if the organization	n ansv	vered "Yes	" to For	m 990,					
		(a) (	Current year	<b>(b)</b> Pr	or year	(c) Two year	s back	(d) Three years bad	ck (e) Four	years back
1a	Beginning of year balance									
b	Contributions									•
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance			į						
2	Provide the estimated percentage of	the cu	rrent year ei	nd balan	ce (line 1	g, column (a	)) held	as.		
а	Board designated or quasi-endowme	nt 🕨	-	%						
b	Permanent endowment ▶	%								
c	Temporarily restricted endowment ▶	•	%							
	The percentages in lines 2a, 2b, and			00%.						
3a	Are there endowment funds not in th				ızatıon tl	hat are held	and ac	lministered for t	he	
	organization by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organ	nization	ns listed as i	required	on Sche	dule R? .			3b	
4	Describe in Part XIII the intended use	s of th	e organizati	on's end	owment	funds.				<u> </u>
Part	Land, Buildings, and Equip Complete if the organization			s" to For	m 990.	Part IV. line	11a.	See Form 990	. Part X. I	ine 10.
	Description of property		(a) Cost or o		T	or other basis		Accumulated		ok value
			(investr		1 ' '	(other)		lepreciation		
1a	Land	.			1					
b	Buildings				<del> </del>					
С	Leasehold improvements	.								
d	Equipment	.			ļ					
ее	Other				1	<u>.</u>				
Total	Add lines 1a through 1e (Column (d) i	must a	aual Form 9	190 Part	X colum	nn (R) Inne 10	)c )	<b>▶</b>		

Part VII	Investments – Other Securities. Complete if the organization answ	ered "Yes" to For	m 990	Part IV line	11b. See Form	990. Part X. line 12
	(a) Description of security or category (including name of security)	cica res to rein	i -	Book value	(c) Meti	nod of valuation of-year market value
(1) Financial						
	neld equity interests					5 Par
(3) Other					<del>.</del>	
(^)						
(B)						
(C)						***
(D) (E)						-
(F)						
(G)						
(H)			ļ			
	b) must equal Form 990, Part X, col (B) line 12 ) ▶					
Part VIII	Investments - Program Related.					
	Complete if the organization answ	ered "Yes" to For				'
	(a) Description of investment		(b)	Book value		hod of valuation -of-year market value
(1)						
(2)						
(3)						<del></del>
(4)						
(5)			ļ			
_(6)						
_(7)		<del> </del>	ļ			<u>-</u>
(9)	(1) 15 000 P 1 V - 1 (0) I - 10 1 P					
	(b) must equal Form 990, Part X, col (B) line 13)					· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets.	orad "Vaa" ta Ear	~ 000	Port IV line	11d Soc Form	000 Part V line 15
<del></del>	Complete if the organization answ	Description	111 990	, rait iv, iiie	riu. See Foili	(b) Book value
	(6)					(b) Book value
(1)		<del> </del>				
(2)						
(3)					<u> </u>	
(4)						-
(6)						
(7)		· · · · · · · · · · · · · · · · · · ·		*		
(8)	-					
(9)	-			******		
	ımn (b) must equal Form 990, Part X, co	I. (B) line 15.)			>	
Part X	Other Liabilities. Complete if the organization answ line 25.	vered "Yes" to For	m 990	, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value		<del></del>		
	ncome taxes	(4) 2001111111				
	ee Reimbursements		402			
	ty Account		1,182			
	Liabilities		1,687			
(5)	Liabilities		1,007			
(6)						
(7)			=			
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 25 )	-	3,271			
2. Liability fo	or uncertain tax positions. In Part XIII, provide		note to t			
organization	's liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	eck her	e if the text of t	he footnote has bee	en provided in Part XIII

Part				Returi	٦.
	Complete if the organization answered "Yes" to Form 990,	Part IV	/, line 12a.		
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 (losses) on investments	2a		1	
b	Donated services and use of facilities	2b		]	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d		]	
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			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			1	
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Retu	ırn.
	Complete if the organization answered "Yes" to Form 990,	Part I\	/, line 12a.		
1	Total onpositors and receive per account of the control of the con	•		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		4 1	
b	Prior year adjustments	2b		↓	
С	Other losses	2c		4	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· ·		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)				
C	Add lines <b>4a</b> and <b>4b</b>			4c	
5 Down	XIII Supplemental Information.	10.)	· · · · · · ·	5	
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a al	nd 4· P	art IV lines 1h and 2h	r Part \	/ line 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par				
_,	,		,		

Schedule D (Fo	rm 990) 2014	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
		<b></b>

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

#### 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.

OMB No 1545-0047 20**14** 

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Appalachian Forest Heritage Area	20-0815517
990 4d Conservation Partnership Program: Partnerships with conservation organizations and governm	nent agencies to perform contracted
functions on their behalf which they could not otherwise perform due to their particular organizational	status or lack of specific capacity.
990 VI 11b Review of 990. 990 sent electronically to all members of governing body prior to submission	n for comment and review.
·	
<b>b</b>	