Form. 990

n of Organization Exempt From Income Tax

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.

OMB No 1545-0047

2017

Open to Public Inspection

| Depa                           | artment of th | Treasury Service  Do not enter social security numbers on this form as it may service  Go to www.irs.gov/Form990 for instructions and the late | -                                     | C.                  | Inspecti              |                   |  |  |  |  |  |
|--------------------------------|---------------|--|---------------------------------------|---------------------|-----------------------|-------------------|--|--|--|--|--|
| A                              |               | 2017 calendar year, or tax year beginning , 2017, and en   |                                       |                     | , 20                  | •                 |  |  |  |  |  |
| B                              | Check if an   |  |                                       | D Employ            | er identification nu  | mber              |  |  |  |  |  |
| $\bar{\Box}$                   | Address ch    |  | · · · · · · · · · · · · · · · · · · · | , -                 | 20-0815517            |                   |  |  |  |  |  |
| Ħ.                             | Name char     |  | ı/suite                               | E Telephor          | ne number             |                   |  |  |  |  |  |
| Ħ                              | Initial retur |  |                                       |                     | 304-636-6182          |                   |  |  |  |  |  |
| П                              | Final return/ |  |                                       |                     | 304-030-0102          |                   |  |  |  |  |  |
| ī                              | Amended       |  | <b>G</b> Gross re                     | eceipts \$ 628      | .128                  |                   |  |  |  |  |  |
| H                              |               | n pending F Name and address of principal officer  | H(a) Is this a n                      |                     | subordinates? Yes     | T No              |  |  |  |  |  |
| _                              | , ipplication | 62 E Main St, Richwood, WV 26261   | //   ' ' -                            |                     | s included? Yes       |                   |  |  |  |  |  |
| ī                              | Tax-exemp     |  |                                       |                     | list (see instruction |                   |  |  |  |  |  |
| j                              | Website:      |  | H(c) Group                            | exemption           | number ▶              |                   |  |  |  |  |  |
| ĸ                              |               | ganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ►   | · · · · · · · · · · · · · · · · · · · |                     | of legal domicite     | wv                |  |  |  |  |  |
|                                | art I         | Summary  | 2001                                  |                     |                       |                   |  |  |  |  |  |
|                                |               | Briefly describe the organization's mission or most significant activities. Pro-   | vide coordinatir                      | ng suppor           | t for organization    | ns and            |  |  |  |  |  |
| ě                              |               | gencies within the Appalachian Forest Heritage Area who regularly support fores  |                                       |                     |                       |                   |  |  |  |  |  |
| auc                            |               | onservation, and community development within our organizational themes.   |                                       |                     | io piono incidenti    |                   |  |  |  |  |  |
| Governance                     |               | Check this box ▶ ☐ if the organization discontinued its operations or dispose  | d of more than                        | 25% of              | its net assets.       |                   |  |  |  |  |  |
| ŏ                              | I             | lumber of voting members of the governing body (Part VI, line 1a)  |                                       | 3                   |                       | 12                |  |  |  |  |  |
| ಷ                              |               | lumber of independent voting members of the governing body (Part VI, line 1  | b)                                    | 4                   |                       | 12                |  |  |  |  |  |
| Activities &                   | I             | otal number of individuals employed in calendar year 2017 (Part V, line 2a)  |                                       | 5                   |                       | 69                |  |  |  |  |  |
| ķ                              | I             | otal number of volunteers (estimate if necessary)  |                                       | 6                   |                       | 800               |  |  |  |  |  |
| Act                            | I             | otal unrelated business revenue from Part VIII, column (C), line 12  |                                       | 7a                  | -                     | 0                 |  |  |  |  |  |
|                                |               | let unrelated business taxable income from Form 990-T, line 34   |                                       | 7b                  |                       | 0                 |  |  |  |  |  |
| _                              |               |  | Prior Ye                              |                     | Current Yea           |                   |  |  |  |  |  |
| Revenue                        | 8 0           | Contributions and grants (Part VIII, line 1h)  | 452,192                               |                     | 456,211               |                   |  |  |  |  |  |
|                                | I             | Program service revenue (Part VIII, line 2g)   | 158,884                               |                     | 171,806               |                   |  |  |  |  |  |
| š                              | I             | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)   |                                       |                     |                       |                   |  |  |  |  |  |
| æ                              | I             | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                                       | 0<br>3,560          |                       | 711.00            |  |  |  |  |  |
|                                |               | otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                                       | 614,636             |                       | 628,728           |  |  |  |  |  |
| _                              |               | Grants and similar amounts paid (Part IX, column (A), lines 1–3)   |                                       | 014,630             |                       | 020,720           |  |  |  |  |  |
|                                |               | Benefits paid to or for members (Part IX, column (A), line 4)  |                                       | 0                   |                       |                   |  |  |  |  |  |
| "                              | I             | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  |                                       | 584,499             |                       | 565,905           |  |  |  |  |  |
| Expenses                       |               | Professional fundraising fees (Part IX, column (A), line 11e)  |                                       | <u>564,455</u>      |                       | 0                 |  |  |  |  |  |
| ben                            |               | otal fundraising expenses (Part IX, column (D), line 25) ▶   |                                       | -                   |                       | <u> </u>          |  |  |  |  |  |
| X                              | I             | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <u> </u>                              | 67,338              |                       | E9 039            |  |  |  |  |  |
|                                |               | otal expenses. Add lines 13–17 (must expenses. Add lines 25)   |                                       | 651,837             |                       | 58,028<br>624,933 |  |  |  |  |  |
|                                |               | Revenue less expenses. Subtract line #8 from line 12   | ···········                           | -37,201             |                       | 3,795             |  |  |  |  |  |
| - s                            |               | 107  | Beginning of Cu                       |                     | End of Yea            |                   |  |  |  |  |  |
| ars c                          | 20 T          | otal assets (Part X, line 16)  |                                       | 79,414              |                       | 78,971            |  |  |  |  |  |
| Ass                            | 21 T          | Total liabilities (Part X, line 26)  |                                       | 21,197              |                       | 16,959            |  |  |  |  |  |
| Net Assets or<br>Fund Balances | 22 N          | let assets or fund balances. Subtract line 20 T  | _                                     | 58,217              |                       | 62,012            |  |  |  |  |  |
|                                | art II        | Signature Block  | <u> </u>                              | 30,217              |                       | 02,012            |  |  |  |  |  |
|                                |               | es of perjury, I declare that I have examined this return, including accompanying schedules and st   | atements and to t                     | he hest of n        | ny knowledge and i    | helief it is      |  |  |  |  |  |
| tru                            | e, correct, a | and complete Declaration of preparer (other than officer) is based of albinformation of which prep   | arer has any knowl                    | edge                | , raio inicogo ano i  | JOIIO1, 11 10     |  |  |  |  |  |
| _                              |               | Joseph W. Snll J-ressurer  |                                       | 10/                 | 24/18                 |                   |  |  |  |  |  |
| Sig                            | ın            | Signature of officer   | Da                                    | te                  |                       |                   |  |  |  |  |  |
| He                             |               | JOSEPH J. Sabatino   |                                       |                     |                       |                   |  |  |  |  |  |
|                                |               | Type or print name and title   |                                       |                     |                       |                   |  |  |  |  |  |
| D-                             | <br>: al      | Print/Type preparer's name Preparer's signature  | Date                                  | Ch t. F             | T . PTIN              |                   |  |  |  |  |  |
| Pa                             |               |  |                                       | Check L<br>self-emp |                       |                   |  |  |  |  |  |
|                                | eparer        | Firm's name  | Firm                                  | n's EIN ▶           | <u>-</u>              |                   |  |  |  |  |  |
| US                             | e Only        | Firm's address ▶   |                                       | ne no               |                       |                   |  |  |  |  |  |
| Ma                             | y the IRS     | Giscuss this return with the preparer shown above? (see (instructions)   |                                       |                     | · · VYes              | No                |  |  |  |  |  |
|                                |               | SAMA,  | t No. 11282Y                          | <u> </u>            |                       | 90 (2017)         |  |  |  |  |  |

|      | 90 (2017)  | Page <b>2</b>   |
|------|--|---|
| Part | · · · · · · · · · · · · · · · · · · ·  | _   |
|      | Check if Schedule O contains a response or note to any line in this Part III   | <u> L</u>   |
| 1    | Briefly describe the organization's mission.  The Appalachian Forest Heritage Area integrates central Appalachian forest history, culture, natural history, products,  |   |
|      | and forestry management into a heritage tourism initiative to promote rural community development.   |   |
|      | and the state of t | ·   |
|      |  |   |
| 2    | Did the organization undertake any significant program services during the year which were not listed on the   |   |
|      | prior Form 990 or 990-EZ?  | Yes ☑ No  |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program   |   |
| _    |  | res √ No  |
|      | 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.  |   |
| 4a   | (Code ) (Expenses \$ 592,071 including grants of \$ 449,888) (Revenue \$ 66  | 24,494)   |
| 4b   | AFHA AmeriCorps "Enhancing Assets to Benefit to Benefit Communities deployed 40 National Service members through West Virginia to support organizations serving within the themes of Conservation, Historic Preservation, and Heritage ba Community Development. Members provided over 50,000 hours of service to their sites. Conservation service specifically activities such as watershed restoration, environemental education, non-native species management, field data collection planting, trail building and maintenance, environmental recreation support, archaelogical support, among others. Historic Preservation teams supported organizations by providing hands on services for rehabilitation of historic structures. Com Development members supported organizations such as Mainstreet, Rural Development organizations, planning offices, members provided support for volunteer management activities for their sites and added greatly the volunteer capacity and fitheir specific organizations. AC members managed over 1200 unique volunteers for their sponsoring sites in 2016, including acres of public land in 2017.  (Code  | sed y included n, tree c nmunity All service nd output reasing ment of over |
|      | AFHA Discovery Visitor Center hosted interpretive displays showcasing the Appalachian Fotrest Heritage Area's diverse cultural assets. Visitors are able to take a tour of what the area has to offer within the Discovering AFHA display area, and the diversity of wetlands and rivers in our rotating exhibit space.  |   |
| 4c   | (Code) (Expenses \$including grants of \$) (Revenue \$   | )   |
|      |  | ·   |
|      |  | ·   |
|      |  | <b></b>   |
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|      | ······   | •••   |
|      |  |   |
|      |  | ·   |
| 4d   | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )   |   |
| 4e   | Total program service expenses ► 500 140   |   |

ACOD

| Part | V Checklist of Required Schedules   |     |     |          |
|------|---|-----|-----|----------|
|      |   | -   | 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   |     | ✓        |
| 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    | <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   |          |
| 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   |     | <b>√</b> |
| 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   |     | <b>✓</b> |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | 1        |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | 1        |
| 9    | Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>     | 9   |     | 1        |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |     | 1        |
| 11   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.  |     |     |          |
| а    | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | 11a |     | 1        |
| b    | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b |     | 1        |
| С    | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII •.  | 11c |     | 1        |
| d    | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d |     | 1        |
| 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        |
| 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 |     | ✓        |
| 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 |     | <b>✓</b> |
| 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  |     | ·<br>✓   |
| 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  |     | <b>→</b> |
| 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  |     | ·<br>✓   |
| 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  |     | /        |

| Dovi | W. Charlist of Denning Cabadular (cartings)   |              |          | uge i    |
|------|---|--------------|----------|----------|
| Part | Checklist of Required Schedules (continued)   |              | Yes      | No       |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a          | 163      | <b>√</b> |
|      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b          |          | 1        |
| 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           |          | <u>√</u> |
| 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           |          | <b>√</b> |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the   | 22           |          | <b>-</b> |
|      | 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          |          | <b>√</b> |
| b    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b          |          | 1        |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c          |          | 1        |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d          |          | 1        |
| 25a  | 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  | 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          |          | <b>✓</b> |
| 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           |          | 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           |          | <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)  | . (%<br>* (% |          | #.>.     |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a          |          | ✓        |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b          |          | 1        |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c          |          | 1        |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29           |          | ✓        |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   | 30           |          | 1        |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31           |          | ✓        |
| 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           |          | ✓        |
| 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           |          | <b>√</b> |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a          |          | ✓        |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b          |          | <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           |          | <b>√</b> |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> , <i>Part VI</i>  | 07           |          | <b>√</b> |
| 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           | <b>✓</b> | <b>—</b> |

| Form 99      | · · · · · · · · · · · · · · · · · · ·  |                   |   |  | Page                                    |
|--------------|--|-------------------|---|--|---|
| Part         |  |                   |   |  | _                                       |
|              | Check if Schedule O contains a response or note to any line in this Part V   |                   | • •                                     | Yes                                      | · L                                     |
| 1a<br>b<br>c | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments   | 1a 1b 0           |   |  |   |
| _            | reportable gaming (gambling) winnings to prize winners?  |                   | 1c                                      | <b>√</b>                                 | 2000000                                 |
| 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  |                   |   | Sec. us                                  |   |
| b            | If at least one is reported on line 2a, did the organization file all required federal employment <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see inst   |                   | 2b                                      | <b>✓</b>                                 |   |
| 3a<br>b      | Did the organization have unrelated business gross income of \$1,000 or more during the yea If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So  |                   | 3a<br>3b                                |  | <b>✓</b>                                |
| 4a           | At any time during the calendar year, did the organization have an interest in, or a signature over, a financial account in a foreign country (such as a bank account, securities account, account)?   |                   | 4a                                      |  | ✓                                       |
| b            | If "Yes," enter the name of the foreign country  |                   | 8.5 · · c                               | <b>2</b> 77                              | 100 P                                   |
|              | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi (FBAR).  | nancial Accounts  |   |  |   |
| 5a           | Was the organization a party to a prohibited tax shelter transaction at any time during the tax  | -                 | 5a                                      |  | ✓                                       |
| b<br>c       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter if "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | r transaction?    | 5b<br>5c                                |  | ✓                                       |
| 6a           | Does the organization have annual gross receipts that are normally greater than \$100,0  | 00, and did the   | "                                       | -  |   |
| b            | organization solicit any contributions that were not tax deductible as charitable contributions If "Yes," did the organization include with every solicitation an express statement that such  |                   | 6a                                      |  | ✓                                       |
| _            | gifts were not tax deductible?   |                   | 6b                                      | 2  | 1.7                                     |
| 7<br>a       | Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and  |                   |   |  |   |
| b            | and services provided to the payor?  |                   | 7a<br>7b                                |  | ✓                                       |
| C            | Did the organization sell, exchange, or otherwise dispose of tangible personal property required to file Form 8282?  |                   | 7c                                      |  | 1                                       |
| d            | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                |   |  | A single                                |
| e            | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to   |                   | 7e                                      | AS MAN                                   | <b>√</b>                                |
| f            | Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene  |                   | 7f                                      |  | 1                                       |
| g            | If the organization received a contribution of qualified intellectual property, did the organization file Form   | 8899 as required? | 7g                                      |  |   |
| h<br>8       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintaining donor advised funds.   |                   | 7h                                      |  | 13.14                                   |
| 0            |  |                   | 8                                       | id id                                    | <b>√</b>                                |
| 9<br>a       | Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  |                   | 9a                                      | <u>014,4</u>                             |   |
| b            | Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make an extensive organization organi | son?              | 9b                                      |  | 1                                       |
| 10           | Section 501(c)(7) organizations. Enter.  |                   | - 3° 8%                                 | · ; , , , ,                              | #4./3 1/3                               |
| а            | Initiation fees and capital contributions included on Part VIII, line 12   | 10a               |   | \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |   |
| b            | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .  | 10b               |   |  |   |
| 11           | Section 501(c)(12) organizations. Enter:   | 1 1               |   |  | 2                                       |
| а            | Gross income from members or shareholders  | 11a               | 4-16-3                                  |  |   |
| b            | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | 11b               |   |  | 7.15                                    |
| 12a          | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu   |                   | 12a                                     | الكان سدية                               |   |
| b            | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b               | 谷鄉                                      |  | 18 B                                    |
| 13           | Section 501(c)(29) qualified nonprofit health insurance issuers.   |                   | 12-                                     | , . · · · · · · · · · · · · · · · · · ·  | 134                                     |
| а            | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedul  | <br>e О.          | 13a                                     | . ~ . ~ ?                                | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| b            | Enter the amount of reserves the organization is required to maintain by the states in which   |                   |   |  |   |
| С            | the organization is licensed to issue qualified health plans   | 13b               |   |  |   |
| •            |  | 100               | 3 C C C C C C C C C C C C C C C C C C C | 15よく 7巻                                  | 154.35                                  |

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

| Form 98 | 0 (2017)   |          |              | Page <b>t</b> |
|---------|--|----------|--------------|---------------|
| Part    |  |          |              |               |
|         | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S<br>Check if Schedule O contains a response or note to any line in this Part VI                                     | ee ins   | iruci        | ions.         |
| Secti   | on A. Governing Body and Management  | <u> </u> | <u> </u>     |               |
|         | Sirra dovorning 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   |          |              |               |
|         | If the governing body delegated broad authority to an executive committee or similar   |          |              |               |
|         | committee, explain in Schedule O.  |          |              |               |
| b       | Enter the number of voting members included in line 1a, above, who are independent   |          |              |               |
| 2       | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2        |              | <b>√</b>      |
| 3       | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .       | 3        |              | 1             |
| 4       | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4        |              | ✓             |
| 5       | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5        |              | ✓_            |
| 6       | Did the organization have members or stockholders?   | 6        | ✓            |               |
| 7a      | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  |          | _            |               |
|         | one or more members of the governing body?   | 7a       | <b>✓</b>     |               |
| , b     | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | l        |              | ,             |
|         |  | 7b       | Accordance 1 | √<br>ristalia |
| 8       | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |          |              |               |
| а       | The governing body?  | 8a       | ✓            |               |
| b       | Each committee with authority to act on behalf of the governing body?  | 8b       | <b>✓</b>     | ٠             |
| 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        |              | 1             |
| Secti   | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | ue C     |              | $\overline{}$ |
|         |  |          | Yes          | No            |
| 10a     | Did the organization have local chapters, branches, or affiliates?   | 10a      |              | ✓             |
| 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       | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |          |              |               |
| 12a     | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a      | <b>\</b>     |               |
| b       | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b      | ✓            |               |
| С       | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c      |              | 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       |              | <b>√</b>      |
| 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      |              | ✓             |
| b       | Other officers or key employees of the organization  | 15b      |              | ✓             |
|         | 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      |              | <b>√</b>      |
| b       | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the |          |              |               |
|         | organization's exempt status with respect to such arrangements?  | 16b      |              |               |
|         | on C. Disclosure   |          |              |               |
| 17      | List the states with which a copy of this Form 990 is required to be filed ►   |          | -\(0\        |               |
| 18      | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.                  | 1 501(   | c)(3)s       | only)         |
|         | ☐ 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 financial statements available to the public during the tax year  | erest į  | policy       | y, and        |
| 20      | State the name, address, and telephone number of the person who possesses the organization's books and re  | cords    | <b>&gt;</b>  |               |
|         | Logan Smith 401 Davis ave Rm 312, Elkins, WV 26241   |          |              |               |

|  | (2017) |  |
|--|--------|--|

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

#### 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 relate   | d org                  | anız           | atic                          | n c  | ompe                         | nsa | ated any currer  | nt officer, directo  | r, or trustee.   |
|--|--|------------------------|----------------|-------------------------------|------|------------------------------|-----|--|--|--|
| (A)<br>Name and Title                        | (B)  Average hours per week (list any hours for related organizations below dotted line) | box, office Individual | unles<br>er an | Pos<br>neck<br>ss pe<br>d a d | rson | Highest compensated employee | an  | (D)  Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|  | _  | tee                    | ıstee          |                               |      | ensated                      |     |  |  |  |
| (1) Bob Johnson - President                  | .5   | <b>1</b>               |                | 1                             |      |                              |     | 0  | o  | 0  |
| (2) Dave McGill - V. President               | .25  | 1                      |                | 1                             |      |                              |     | 0  | 0  | 0  |
| (3) Joseph Sabatino - Treasurer              | .5   | 1                      |                | /                             |      |                              |     | 0  |  | 0  |
| (4) Julie Dzaack                             |  | 1                      |                | Ť                             |      |                              |     | 0  |  | 0  |
| (5) Diedre Richie                            | .25  | <b>√</b>               |                |                               |      |                              |     |  |  | 0  |
| (6) Frank Stewart                            | .25  | 1                      |                |                               |      |                              |     | 0  | 0  | 0  |
| (7) Travis Miller - Secretary                | .25  | 1                      |                | 1                             |      | -                            |     | 0  | 0  | 0  |
| (8) Phyllis Baxter                           | 25   |                        |                |                               |      |                              |     | 6,864  | 0  | 0  |
| (9) Terry Hackney                            | .25  | 1                      |                |                               |      |                              |     | 0  | 0  | 0  |
| (10) Kent Walker                             | .25  | 1                      |                |                               |      |                              |     | 0  | 0  | 0  |
| (11) Jen Durben                              | .25  | 1                      |                |                               |      |                              |     | 0  | 0  | 0  |
| (12) Anne Beardslee                          | .25  | 1                      |                |                               |      |                              |     | 0  |  | 0  |
| (13) Jackie Burns                            | .25  | 1                      |                |                               |      |                              |     | 0  |  | 0  |
| (14)   |  |                        |                |                               |      |                              |     |  |  |  |

| Párt     | VII Section A. Officers, Directors, Trust   | tees, Key E                 | mplo                           | yees                  | s, ar   | nd H          | lighe                        | st C         | ompensated E                    | mployees (co              | ontinued)                   |
|----------|---|-----------------------------|--------------------------------|-----------------------|---------|---------------|------------------------------|--------------|---------------------------------|---------------------------|-----------------------------|
|          |   |                             |                                |                       | •       | C)            |                              |              |                                 |                           |                             |
|          | (A)   | (B)                         | (do n                          | ot ch                 |         | ition<br>more | than o                       | one          | (D)                             | (E)                       | (F)                         |
|          | Name and title  | Average                     | box,                           | unles                 | s pe    | rson          | is both                      | n an         | Reportable                      | Reportable                | •                           |
|          |   | hours per<br>week (list any |                                | r -                   |         | rect          | or/trus                      | <del>~</del> | compensation<br>from            | compensation f<br>related | rom amount of other         |
|          |   | hours for                   | Individual trustee or director | Institutional trustee | Officer | Εę.           | 휥                            | Former       | the                             | organization              | s compensation              |
|          |   | related<br>organizations    | rec                            | itut                  | cer     | Key employee  | of nest                      | ner          | organization<br>(W-2/1099-MISC) | (W-2/1099-MIS             | · 1                         |
|          |   | below dotted                | of E                           | ona                   |         | 탕             | <sup>8</sup> 8               |              | (44-2/1099-14113C)              |                           | organization<br>and related |
|          |   | line)                       | uste                           | ť                     |         | /ee           | nper                         |              |                                 |                           | organizations               |
|          |   |                             | ě                              | stee                  |         |               | Highest compensated employee |              | ļ                               |                           | :                           |
|          |   |                             |                                |                       | _       | _             | 8                            | <u> </u>     | li i                            |                           |                             |
| (15)     |   | ļ                           |                                |                       |         |               |                              |              | ł                               |                           |                             |
| 44.00    |   |                             |                                |                       | _       |               |                              |              |                                 |                           |                             |
| (16)     |   | ļ                           |                                |                       |         |               |                              |              |                                 |                           |                             |
| (4.7)    |   |                             |                                |                       | _       | <u> </u>      |                              | <u> </u>     |                                 |                           | -                           |
| (17)     |   | }                           | [                              |                       |         |               |                              |              |                                 |                           |                             |
| (4.0)    |   |                             | <u> </u>                       | $\vdash$              |         |               |                              |              |                                 |                           |                             |
| (18)     | •   | <b>}</b>                    |                                |                       |         |               |                              |              |                                 |                           |                             |
| (10)     |   |                             | <u> </u>                       | <u> </u>              |         |               |                              |              | <del></del>                     | _                         | <del>   </del>              |
| (19)     |   |                             |                                |                       |         |               |                              |              |                                 |                           |                             |
| (20)     |   |                             | _                              |                       |         |               |                              |              | _                               |                           |                             |
| (20)     |   |                             |                                |                       |         |               |                              |              |                                 |                           |                             |
| (21)     |   |                             |                                | -                     |         |               |                              |              |                                 |                           |                             |
| <u> </u> |   |                             | 1                              |                       |         |               |                              |              |                                 |                           |                             |
| (22)     |   |                             | <u> </u>                       |                       | _       |               |                              |              |                                 |                           |                             |
|          |   |                             | 1                              |                       |         |               |                              |              |                                 |                           |                             |
| (23)     |   |                             |                                |                       |         |               |                              |              | 1                               |                           |                             |
| ·        |   | ·                           |                                |                       |         |               |                              |              |                                 |                           |                             |
| (24)     |   |                             |                                |                       |         |               |                              |              |                                 | -                         |                             |
| *******  |   |                             |                                |                       |         |               |                              |              |                                 |                           |                             |
| (25)     |   |                             |                                |                       |         |               |                              |              |                                 |                           |                             |
|          |   |                             |                                |                       |         |               |                              |              |                                 |                           |                             |
| 1b       | Sub-total   |                             |                                |                       |         |               |                              | <b>&gt;</b>  |                                 |                           |                             |
| C        | Total from continuation sheets to Part  | •                           |                                |                       |         |               |                              | ▶            |                                 |                           |                             |
| d        | Total (add lines 1b and 1c)   |                             |                                |                       |         |               |                              | <u> </u>     | 6,864                           |                           | 0                           |
| 2        | Total number of individuals (including but  | not limited                 | to th                          | ose                   | list    | ed a          | above                        | e) w         | ho received m                   | ore than \$100            | ),000 of                    |
|          | reportable compensation from the organi   | zation 🕨                    |                                |                       |         |               |                              |              |                                 |                           | <u> </u>                    |
| •        | Dod the constant of the   |                             |                                |                       |         |               |                              |              |                                 |                           | Yes No                      |
| 3        | Did the organization list any former of   |                             |                                |                       |         |               |                              | emp          | loyee, or high                  | est compens               |                             |
|          | employee on line 1a? If "Yes," complete S   |                             |                                |                       |         |               |                              |              |                                 |                           | 3 ✓                         |
| 4        | For any individual listed on line 1a, is the organization and related organizations |                             |                                |                       |         |               |                              |              |                                 |                           |                             |
|          | individual  | greater tha                 | an Di                          | 50,                   | UUU     |               |                              |              | complete Sch                    | eaule J for               |                             |
| 5        | Did any person listed on line 1a receive o  |                             |                                |                       |         | fror          |                              |              | · ·                             | · · ·                     | 4 √                         |
| 3        | for services rendered to the organization?  |                             |                                |                       |         |               |                              |              |                                 | ation of ingly            |                             |
| Section  | on B. Independent Contractors   | ,                           | · · · · · ·                    |                       |         |               |                              |              |                                 |                           | 5   🗸                       |
| 1        | Complete this table for your five highest of  | compensati                  | ed inc                         | lene                  | end.    | ent i         | contr                        | actr         | ors that receive                | nd more than              | \$100 000 of                |
| -        | compensation from the organization. Rep   |                             |                                |                       |         |               |                              |              |                                 |                           |                             |
|          | year.   |                             |                                |                       |         |               |                              | ,            |                                 |                           | o organization o tax        |
|          | (A)   |                             |                                |                       |         |               |                              |              | (B)                             |                           | (C)                         |
|          | Name and business add   | ress                        |                                |                       |         |               |                              |              | Description of s                | ervices                   | Compensation                |
|          |   |                             | _                              |                       |         |               |                              |              | -                               |                           |                             |
|          |   | _                           | -                              |                       |         |               |                              |              |                                 |                           | <del></del>                 |
|          |   |                             |                                |                       |         |               |                              |              |                                 |                           |                             |
|          |   |                             |                                |                       |         |               |                              |              |                                 |                           |                             |
|          |   |                             |                                |                       |         |               |                              |              |                                 |                           | - 111                       |
| 2        | Total number of independent contracto   | rs (includin                | ig bu                          | t no                  | ot 1    | ımıtı         | ed to                        | th           | ose listed abo                  | ove) who                  |                             |
|          | received more than \$100,000 of compensations                                       | ation from t                | he or                          | ganı                  | zatı    | on 🕽          | <b>&gt;</b>                  |              |                                 |                           |                             |

Form **990** (2017)

| Pari   | VIII           | Statement of Reve                                      |               |            |                 |  |  |  | _  |
|--|----------------|--|---------------|------------|-----------------|--|--|--|--|
| Pizzassoa                                    | 00.4xx2030500x | Check if Schedule C                                    | contains      | a res      | ponse or note t |  |  |  |  |
|  |                |  |               |            |                 | (A)<br>Total revenue   | (B)<br>Related or  | (C)<br>Unrelated   | ( <b>D</b> )<br>Revenue  |
|  |                |  |               |            |                 | ļ  | exempt<br>function   | business<br>revenue  | excluded from tax<br>under sections  |
| 5 (6   |                |  | To the second | 22340      | T = 1           | <u> </u>   | revenue  | fire that the comment of the comment | 512-514  |
| s Grants<br>Amounts                          | 1a             | Federated campaigns                                    |               | 1a         | 0               |  |  |  | TELEVISION CONTRACTOR  |
| اع ق   | b              | •  |               | 1b         | 2,300           |  |  |  |  |
|  | C              | Fundraising events .                                   |               | 10         | 0               | and an address of the second second  | (Continue of the Continue of t |  |  |
| امَّا فِي                                    | d              | Related organizations                                  |               | 1d         | 0               |  | 146.4  |  |  |
| Sir  | e              | Government grants (con                                 |               | 1e         | 449,888         |  |  |  | -  |
| utto<br>er:                                  | .f             | All other contributions, y and similar amounts not inc |               |            |                 | opposite and analysis  | emininging   |  |  |
| 를등   |                | ***  |               | 1f         | 4,023.00        | juje de ordiol (2) — majorini di ministra<br>(1) — Santoni i Malijovi svoji dali |  | endinimaning, between the  | Allinounding of the Antonion o |
| Contributions, Gifts<br>and Other Similar Ar | g              | Noncash contributions includ                           | <b>\</b>      |            |                 | w administration   | JE 500   |  |  |
|  | h              | Total. Add Ilnes 1a-1                                  | l             |            | Business Code   | 456,211  | Configuration of the Section 1986  |  | Managara and Andrews and Andrews   |
| Program Service Revenue                      |                | UC Farret Carrier                                      |               |            |                 |  |  |  |  |
| Seve   | 2a             | US Forest Service                                      |               |            | 110000          | 30,836   |  | T-   |  |
| e F  | b              | The Nature Conservan Woodlands Developme               |               |            | 110000          | 26,025   |  | ì  |  |
| چ  | C              | Beverly Heritage Cente                                 |               |            | 110000          | 15,592   |  | ·  |  |
| ı S  | d              | Friends of the 500th                                   | 31 .          |            | 519100          | 11,784   |  |  |  |
| Jran   | e<br>•         | All other program ser                                  | WCO FOVOR     |            | 110000          | 8,350  |  | ,  |  |
| . ŏ  | g              | Total. Add lines 2a-2                                  |               |            |                 | 79,219<br>171,806  | STATE STATES AND A PROPERTY STATES OF  |  |  |
| _  | 3              | Investment income                                      |               |            |                 | 171,806  | CONTRACTOR STATE   | notified "The New Asserted about the Telegraphic Teleg | rwest, maannimist" taawaas ''' i ili   |
|  |                | and other similar amo                                  |               |            |                 |  | ا ا  |  |  |
|  | 4              | Income from investmen                                  | •             | nnt ha     | and proceeds    | 0  | 0  |  |  |
| ,  | 5              | <b>~</b>   |               | •          | <b>&gt;</b>     | 0  | - 0  |  |  |
|  | _              |  | (i) Real      |            | (ii) Personal   |  | \$1.985.985.785  |  |  |
|  | 6a ⋅           | Gross rents  |               |            |                 |  |  | ruse g   |  |
|  | b              | Less rental expenses                                   |               |            |                 |  |  |  |  |
|  | C              | Rental income or (loss)                                |               |            |                 |  |  |  |  |
|  | d              | Net rental income or (                                 | (loss)        |            |                 | 0  | 0  | FARMEN IN SERV. HARRING.   |  |
|  | 7a             | Gross amount from sales of                             | (i) Securiti  | es         | (II) Other      |  |  | WAR COL  | E-10 & C-77 / JAH 44   |
|  |                | assets other than inventory                            | · ·           |            |                 |  |  |  |  |
|  | b              | Less cost or other basis                               |               |            |                 |  |  |  |  |
|  |                | and sales expenses .                                   |               |            |                 |  |  |  |  |
|  | С              | Gain or (loss) .                                       |               |            |                 |  |  |  |  |
|  | d              | Net gain or (loss) .                                   |               |            | 🕨               | . 0  | _ 0  |  |  |
| d)   | -              | •  | í             |            | -               |  |  |  |  |
| 'n   | 8a             | Gross income from fu                                   | ındraısıng    |            |                 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  | 6.540  |  |
| »Ve  |                | events (not including \$                               |               |            |                 |  |  |  |  |
| ď  |                | of contributions reporte                               |               |            | , .             |  |  |  |  |
| Other Rev                                    |                | See Part IV, line 18                                   |               |            | •               |  |  |  |  |
| ŏ  | b              | Less direct expenses                                   |               |            |                 |  |  |  |  |
|  | C              | Net income or (loss) for                               |               |            | events . >      | 0  |  | est of Table   | NAME OF THE OWNERS OF THE OWNER,  |
|  | 9a             | Gross income from ga<br>See Part IV, line 19 .         | •             |            |                 | # 5774   |  |  |  |
|  |                |  |               | _          |                 |  |  |  |  |
|  | b              | Less: direct expenses Net income or (loss) fi          |               |            |                 |  |  |  |  |
|  | 100            | Gross sales of in                                      | -             | _          | villes          | O  | 0  | and a sufficient of the second   | PC4412556 S25502-S5503465  |
|  |                | returns and allowance                                  |               | сээ<br>· а |                 |  |  |  |  |
|  | ь              | Less cost of goods s                                   |               | _          | 36              |  |  | 2.0  | frieds a second  |
|  |                | Net income or (loss) fi                                |               |            |                 | 344  | 36   |  |  |
|  |                | Miscellaneous H  |               |            | Business Code   | 36   | 36   |  |  |
|  | 11a            | Misc Reimbursements                                    |               |            | •               | 675  | E-B-91831 1200 73 P-D 0000400  |  | #### \   |
|  | b              | Wilse Reiniour serierits                               |               |            |                 | 0/3  | <u> </u>   |  |  |
|  | C              |  |               |            |                 |  |  | -  |  |
|  | d              | All other revenue .                                    | <del></del>   |            |                 | n  |  |  |  |
| İ  | e              | Total. Add lines 11a-                                  |               |            | •               | 675  | 11 (2.4)   |  | **************************************   |
|  | 12             | Total revenue See in                                   |               |            |                 | 073  |  | an and annual state and a  | CONTRACTOR OF THE PROPERTY OF  |

## Part IX Statement of Functional Expenses

| section 30 f(c)(3) and 30 f(c)(4) organizations must complete all columns. All other organizations must complete column (/ | 501(c)(4) organizations must complete all columns. All other organizations must complete colum | nn (A) |
|--|--|--------|
|--|--|--------|

| Check if Schedule O contains a response or note to any line in this Part IX |  |                       |  |                                     |  |  |  |  |  |
|---|--|-----------------------|--|-------------------------------------|--|--|--|--|--|
|   | t include amounts reported on lines 6b, 7b,<br>, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service<br>expenses             | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>expenses   |  |  |  |  |
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   | 0                     |  |                                     |  |  |  |  |  |
| 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<br>5  | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees   | 0                     |  | Parish Total District No.           | and the second of the second o |  |  |  |  |
| 6   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |  |                                     |  |  |  |  |  |
| 7<br>8  | Other salaries and wages   | 517,791               | 506,917  |                                     |  |  |  |  |  |
| 9<br>10   | Other employee benefits  | 8,898<br>39,216       | 8,648  |                                     |  |  |  |  |  |
| 11<br>a<br>b  | Fees for services (non-employees)  Management  | 0                     |  | . 0                                 |  |  |  |  |  |
| c<br>d  | Accounting   | 1,460                 | 0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | ·                                   |  |  |  |  |  |
| e<br>f<br>g   | Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column   | 0                     | 0  | 0                                   |  |  |  |  |  |
| 12  | (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion   | 6,966<br>1,197        |  | 465<br>1,197                        |  |  |  |  |  |
| 13<br>14  | Office expenses  | 9,277                 |  |                                     |  |  |  |  |  |
| 15<br>16  | Royalties  | 0<br>                 |  |                                     |  |  |  |  |  |
| 17<br>18  | Travel   | 13,633                | 13,612   | 21                                  | •  |  |  |  |  |
| 19<br>20  | Conferences, conventions, and meetings Interest  | 1,095                 |  |                                     |  |  |  |  |  |
| 21<br>22  | Payments to affiliates   | 0                     |  | 0                                   |  |  |  |  |  |
| 23<br>24  | Insurance  | 5,305                 | 1000   | 4,305                               |  |  |  |  |  |
| 24  | 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.)   |                       |  |                                     |  |  |  |  |  |
| a<br>b  | Staff Development Misc Project & Org. Supplies   | 4,356<br>7,109        | 3,426<br>6,7 <u>12</u>                         | 930<br>397                          | •  |  |  |  |  |
| c<br>d.   |  |                       |  |                                     | ,  |  |  |  |  |
| e<br>25   | All other expenses  Total functional expenses. Add lines 1 through 24e   | 299<br>624,933        |  | 299<br>32,024                       |  |  |  |  |  |
| 26  | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) |                       |  |                                     |  |  |  |  |  |

### Part X Balance Sheet

|                             |          | Check if Schedule O contains a response or note to any line in this Pa                     | art X   |            |  |
|-----------------------------|----------|--|---|------------|--|
|                             |          |  | (A)<br>Beginning of year  |            | (B)<br>End of year   |
|                             | 1        | Cash—non-interest-bearing  | 21,385  | 1          | 14,607   |
|                             | 2        | Savings and temporary cash investments   | 0   | 2          | 0  |
|                             | 3        | Pledges and grants receivable, net   | 45,113  | 3          | 38,349   |
|                             | 4        | Accounts receivable, net   | 11,787  | 4          | 25,708   |
|                             | 5        | Loans and other receivables from current and former officers, directors,                   |   | 40         |  |
|                             |          | trustees, key employees, and highest compensated employees.                                | ហុក្ខាលពីការការប្រទេស "បានប្រវុស្សក្នុង ក្នុងខេត្តក្រុងប្រែក្រុ   |            | անարանում այսնական արարագարի արևարի և անձականում անձ   |
|                             | ,        | Complete Part II of Schedule L   | 0   | 5          | 0  |
|                             | 6        | 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             | north the control of | numiya jiy | unithininininininini , , , , , , , , , , , ,   |
| ets                         |          | organizations (see instructions). Complete Part II of Schedule L                           | . 0   |            | 0  |
| Assets                      | 7        | Notes and loans receivable, net  | 0   | _          | - 0  |
| ⋖                           | 8        | Inventories for sale or use  | 0   |            | 0  |
|                             | 9        | Prepaid expenses and deferred charges  | 1,050   | 9          | O SOURCE AND A SOU |
|                             | 10a      | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D         |   |            |  |
|                             |          |  |   |            |  |
|                             | b        | Less: accumulated depreciation   |   | 10c        | 0  |
|                             | 11<br>12 | Investments – publicly traded securities   | 0   |            | 0  |
|                             | 13       | Investments—other securities. See Part IV, line 11   | 0   |            | 0  |
|                             | 14       | Investments—program-related. See Part IV, line 11  | 0   |            | 0  |
| •                           | 15       | Other assets. See Part IV, line 11   | 0   | 15         | 0  |
| _                           | 16       | Total assets. Add lines 1 through 15 (must equal line 34)                                  | 79,414  |            | 307  |
|                             | 17       | Accounts payable and accrued expenses  | 12,685  |            | 78,971<br>14,403   |
|                             | 18       | Grants payable   | 12,083  | 18         | 14,403   |
|                             | 19       | Deferred revenue   | 0   | 19         | 0  |
|                             | 20       | Tax-exempt bond liabilities  | 0   | 20         | 0  |
|                             | 21       | Escrow or custodial account liability. Complete Part IV of Schedule D.                     | 1,021   | 21         | 963  |
| S                           | 22       | Loans and other payables to current and former officers, directors,                        |   |            |  |
| ilití                       |          | trustees, key employees, highest compensated employees, and                                |   | 1.07       |  |
| Liabilities                 |          | disqualified persons. Complete Part II of Schedule L                                       | 0   | 22         | 0  |
|                             | 23       | Secured mortgages and notes payable to unrelated third parties                             | 0   |            | 0  |
|                             | 24       | Unsecured notes and loans payable to unrelated third parties                               | 0   | 24         | 0  |
|                             | 25       | Other liabilities (including federal income tax, payables to related third                 |   |            |  |
|                             |          | parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D |   |            |  |
|                             | 26       | Total liabilities. Add lines 17 through 25   | 7,500   |            | 1,593  |
|                             |          | Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and                           | 21,197  | 26         | 16,959   |
| es                          |          | complete lines 27 through 29, and lines 33 and 34.   |   |            |  |
| anc                         | 27       | Unrestricted net assets  |   | <b>27</b>  |  |
| 3al                         | 28       | Temporarily restricted net assets  |   | 28         |  |
| ρ                           | 29       | Permanently restricted net assets  | -   | 29         |  |
| ᆵ                           |          | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and                    | Billion Committee Committee   |            |  |
| o                           |          | complete lines 30 through 34.  |   |            |  |
| Net Assets or Fund Balances | 30       | Capital stock or trust principal, or current funds   | 58,217  | 30         | 62,013   |
| SS                          | 31       | Paid-in or capital surplus, or land, building, or equipment fund                           | 0   |            | 0  |
| ¥ A                         | 32       | Retained earnings, endowment, accumulated income, or other funds                           | 0   | 32         | 0  |
| ž                           | 33       | Total net assets or fund balances  | 58,217  |            | 62,013   |
|                             | 34       | Total liabilities and net assets/fund balances   | 79,414  | 34         | 78,971   |
|                             |          |  |   |            | Form <b>990</b> (2017)   |

| -orm 9 | 90 (2017)  |           |            | Pa   | ge <b>12</b>   |
|--------|--|-----------|------------|--|----------------|
| Pär    | XI Reconciliation of Net Assets  |           |            |  |                |
|        | Check if Schedule O contains a response or note to any line in this Part XI                              |           |            |  | <b>7</b>       |
| 1      | Total revenue (must equal Part VIII, column (A), line 12)  | 1         |            | 62   | 8,728          |
| 2      | Total expenses (must equal Part IX, column (A), line 25)   | 2         |            | 62   | 4,933          |
| 3      | Revenue less expenses. Subtract line 2 from line 1   | 3         |            |  | 3,795          |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                | 4         |            | 5  | 8,217          |
| 5      | Net unrealized gains (losses) on investments   | 5         |            |  | 0              |
| 6      | Donated services and use of facilities   | 6         |            |  | 0              |
| 7      | Investment expenses  | 7         |            |  | <u>_</u>       |
| 8      | Prior period adjustments   | 8         |            |  | 0              |
| 9      | Other changes in net assets or fund balances (explain in Schedule O)                                     | 9         |            |  | 1              |
| 10     | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line           |           | _          |  |                |
|        | 33, column (B))  | 10        |            | 6  | 2,013          |
| Part   | XII Financial Statements and Reporting   |           |            |  |                |
| ,      | Check if Schedule O contains a response or note to any line in this Part XII                             | <u> </u>  |            | <u></u>  |                |
|        |  |           |            | Yes  | No             |
| 1      | Accounting method used to prepare the Form 990   |           | <b>***</b> | A STATE OF THE PARTY OF THE PAR | **             |
|        | If the organization changed its method of accounting from a prior year or checked "Other," ex            | plain in  | i m        | 1,10,10  |                |
|        | Schedule O.  |           | 2          | 1.686  |                |
| 2a     | •  |           | 2a         | ✓  |                |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were com           | piled or  |            | %%.₩###<br>\$`?`   |                |
|        | reviewed on a separate basis, consolidated basis, or both  |           | <b>阿尔</b>  | 沙海"  | <b>Service</b> |
|        | Separate basis Consolidated basis Both consolidated and separate basis                                   |           | á nã       | عكانت  | أيندن          |
| þ      | · · · · · · · · · · · · · · · · · · ·  |           | 2b         |  | ✓_             |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were audit         | ed on a   | E E        | 1.20   |                |
|        | separate basis, consolidated basis, or both  |           | 科學         |  |                |
|        | Separate basis Consolidated basis Both consolidated and separate basis                                   |           | 2:00       | <u> </u>   | <b>19</b> /8   |
| С      | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o      |           |            |  |                |
|        | of the audit, review, or compilation of its financial statements and selection of an independent account |           | 2c         |  | <u>✓</u>       |
|        | If the organization changed either its oversight process or selection process during the tax year, ex    | oplain in | を代替        | i Laffilie i x s   | Series of      |
|        | Schedule O.  |           |            |  | A A            |
| 3a     | As a result of a federal award, was the organization required to undergo an audit or audits as set       | forth in  |            | .  |                |
|        | the Single Audit Act and OMB Circular A-133?   |           | 3a         |  | ✓              |
| b      | If "Yes," did the organization undergo the required audit or audits? If the organization did not under   |           |            |  |                |
|        | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a       | udits.    | 3b         | 1  |                |

Form **990** (2017)

#### 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Appalachian Forest Heritage Area 20-0815517 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) **Total** 

| Part       | II Support Schedule for Organiza                                 | ations Descr    | ibed in Sect                            | ions 170(b)(1     | )(A)(iv) and 1    | 70(b)(1)(A)(v     | i)            |
|------------|--|-----------------|---|-------------------|-------------------|-------------------|---------------|
|            | (Complete only if you checked the                                |                 |   |                   |                   |                   |               |
|            | Part III. If the organization fails to                           | o qualify unde  | er the tests lis                        | sted below, p     | lease comple      | ete Part III.)    |               |
| Secti      | on A. Public Support   |                 |   |                   |                   |                   |               |
| Calen      | dar year (or fiscal year beginning in)                           | (a) 2013        | <b>(b)</b> 2014                         | (c) 2015          | (d) 2016          | (e) 2017          | (f) Total     |
| 1          | Gifts, grants, contributions, and                                |                 |   |                   |                   |                   |               |
|            | membership fees received. (Do not                                |                 |   |                   |                   |                   |               |
|            | include any "unusual grants.")                                   | 304,786         | 367,153                                 | 467,219           | 449,792           | 449,888           | 2,037,838     |
| 2          | Tax revenues levied for the                                      |                 |   |                   |                   |                   |               |
|            | organization's benefit and either paid                           |                 |   | ]                 |                   |                   |               |
|            | to or expended on its behalf                                     | 0               | 0                                       | 0                 | 0                 | 0                 | 0             |
| 3          | The value of services or facilities                              |                 |   |                   |                   |                   |               |
|            | furnished by a governmental unit to the                          |                 |   |                   |                   |                   |               |
|            | organization without charge                                      | 2,400           |   |                   | 2,400             | 2,400             | 12,000        |
| 4          | Total. Add lines 1 through 3                                     | 307,186         | 369,553                                 | 469,619           | 452,192           | 452,288           | 2,049,838     |
| 5          | The portion of total contributions by                            |                 |   |                   |                   | 15,000 (A)        |               |
|            | each person (other than a  |                 |   |                   |                   |                   |               |
|            | governmental unit or publicly                                    |                 |   | 17                | 49 <b>49</b> (40  |                   |               |
|            | supported organization) included on                              |                 |   |                   |                   |                   |               |
|            | line 1 that exceeds 2% of the amount                             |                 |   |                   |                   | 747               |               |
| _          | shown on line 11, column (f)                                     |                 |   |                   |                   |                   | 0             |
| 6<br>Sooti | Public support. Subtract line 5 from line 4 on B. Total Support  |                 |   |                   |                   |                   | 2,049,445     |
|            | dar year (or fiscal year beginning in)                           | (a) 2013        | <b>(b)</b> 2014                         | (a) 2015          | (d) 2016          | (a) 2017          | /6 Total      |
| 7          | Amounts from line 4  |                 | † · · · · · · · · · · · · · · · · · · · | (c) 2015          | (d) 2016          | (e) 2017          | (f) Total     |
| 8          | Gross income from interest, dividends,                           | 307,186         | 369,553                                 | 469,619           | 452,192           | 452,288           | 2,049,838     |
| 0          | payments received on securities loans,                           | 1               |   |                   |                   |                   |               |
|            | rents, royalties, and income from                                |                 |   |                   |                   |                   |               |
|            | similar sources  | 0               | 0                                       |                   | o                 | o                 | ^             |
| 9          | Net income from unrelated business                               | _               | •                                       | •                 |                   | •                 |               |
| •          | activities, whether or not the business                          |                 |   |                   |                   |                   |               |
|            | is regularly carried on  | o               | 0                                       | 0                 | o                 | o                 | n             |
| 10         | Other income. Do not include gain or                             |                 | <u>_</u>                                | Ť                 | <u> </u>          |                   |               |
|            | loss from the sale of capital assets                             |                 |   |                   | 1                 |                   |               |
|            | (Explain in Part VI.)  | 0               | 0                                       | ۰ ا               | 162,444           | 174,106           | 336,550       |
| 11         | Total support. Add lines 7 through 10                            |                 |   |                   |                   |                   | 2,386,388     |
| 12         | Gross receipts from related activities, etc                      |                 |   |                   |                   | 12                | 1,241,030     |
| 13         | First five years. If the Form 990 is for the                     | he organization | n's first, secon                        | id, third, fourth | , or fifth tax ye | ear as a sectio   | n 501(c)(3)   |
|            | organization, check this box and stop he                         |                 |   | <u> </u>          |                   |                   | ▶ 🗆           |
| Secti      | on C. Computation of Public Suppo                                | <del></del>     |   |                   |                   |                   |               |
| 14         | Public support percentage for 2017 (line                         |                 | -                                       |                   |                   | 14                | 86 %          |
| 15         | Public support percentage from 2016 Sc                           |                 |   |                   |                   | 15                | 92 %          |
| 16a        | 331/3% support test—2017. If the organ                           |                 |   |                   |                   |                   | _             |
|            | box and <b>stop here</b> . The organization qua                  |                 |   |                   |                   |                   | <b>&gt;</b> 🗸 |
| b          | 331/3% support test—2016. If the organ                           |                 |   |                   |                   |                   | ore, check    |
|            | this box and <b>stop here.</b> The organization                  | •               |   | •                 |                   |                   | 🟲 📙           |
| 17a        |  |                 |   |                   |                   |                   |               |
|            | 10% or more, and if the organization me                          |                 |   |                   |                   | •                 | •             |
|            | Part VI how the organization meets the 'organization             | iacis-and-circ  | urnstances te                           | si. The organi    | zation qualifies  | s as a publicly   | supported     |
| _          | · ·  |                 |   |                   |                   |                   | 🗀             |
| b          | 10%-facts-and-circumstances test—2                               |                 |   |                   |                   |                   |               |
|            | 15 is 10% or more, and if the organization                       |                 |   |                   |                   |                   |               |
|            | Explain in Part VI how the organization r supported organization | neers the Tac   | ts-and-circum                           |                   | me organizati     | on qualifies as   | a publicly    |
| 18         | Private foundation. If the organization d                        | id not check a  |   |                   | or 17h chec       | k this hov and    | ···           |
|            | Tritate realisations in the organization of                      | is not oneon a  | 227 211 111 12 13                       | , .ou, .ou,c      | 4, OI IIIO, UNEU  | it tills but allu | <del></del>   |

| Part    |  |  |                   |  |                             |                          |               |
|---------|--|--|-------------------|--|-----------------------------|--------------------------|---------------|
|         | (Complete only if you checked the  |  |                   |  |                             |                          | ider Part II. |
|         | If the organization fails to qualify   | <u>runder the te</u>                   | sts listed bel    | ow, please co                          | omplete Part                | II.)                     |               |
|         | on A. Public Support   | T ( ) 2042                             | 420044            | 4 > 2045                               | (0.0040                     | L 4 20047 /              | <u> </u>      |
| Calen   | idar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees  | (a) 2013                               | <b>(b)</b> 2014   | (c) 2015                               | (d) 2016                    | (e) 2017                 | (f) Total     |
| '       | 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  |  |                   |  | /                           | <b>/</b>                 |               |
| 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     | <b>Total.</b> Add lines 1 through 5  |  |                   | /                                      |                             | 1                        |               |
| 7a      | Amounts included on lines 1, 2, and 3  |  |                   |  |                             |                          |               |
|         | received from disqualified persons   |  |                   |  | •                           |                          |               |
| b       | Amounts included on lines 2 and 3  |  |                   |  |                             |                          |               |
|         | received from other than disqualified  |  |                   | /                                      |                             |                          |               |
|         | persons that exceed the greater of \$5,000   |  | /                 | ĺ                                      |                             |                          |               |
|         | or 1% of the amount on line 13 for the year  |  |                   |  |                             |                          |               |
| С<br>8  | Add lines 7a and 7b  | ************************************** |                   | ************************************** |                             |                          |               |
| 0       | line 6.)   | Markey Sylvan (see                     |                   |  |                             |                          |               |
| Secti   | on B. Total Support  | SW SKILL OF SKILL                      |                   |  | addlesibilities en se en de | litaiteideinita llassins |               |
|         | dar year (or fiscal year beginning in)   | (a) 2013                               | / <b>(b)</b> 2014 | (c) 2015                               | (d) 2016                    | <b>(e)</b> 2017          | (f) Total     |
| 9       | Amounts from line 6  | (1)                                    |                   |  |                             |                          |               |
| 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                            | /                                      |                   |  |                             |                          |               |
|         | •  | /                                      |                   |  | İ                           |                          |               |
| С<br>11 | Add lines 10a and 10b  | Ý                                      |                   | <del></del>                            |                             | <u> </u>                 | <u> </u>      |
| • • •   | 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   |  |                   |  |                             |                          | <del></del>   |
|         | loss from the sale of capital assets   |  |                   |  |                             |                          |               |
|         | (Explain in Part VI.)  |  |                   |  |                             |                          |               |
| 13      | Total support. (Add lines 9, 10c, 11,  |  |                   |  |                             |                          |               |
|         | and 12.)   | L                                      |                   | <u> </u>                               |                             |                          |               |
| 14      | First five years. If the Form 990 is for the   |  |                   |  | =                           |                          |               |
| Socti   | organization, check this box and stop he on C. Computation of Public Support               |  |                   | · · · · <u>·</u>                       | <del></del>                 |                          | 🟲 📋           |
| 15      | Public support percentage for 2017 (line   |  |                   | 3 column (fl)                          |                             | 15                       | %             |
| 16      | Public support percentage from 2016 Sci  |  | -                 |  |                             | 16                       | <del></del>   |
|         | on D. Computation of Investment In   |  |                   | <del> </del>                           |                             |                          |               |
| 17      | Investment income percentage for 2017 (  |  |                   | y line 13, colu                        | mn (f))                     | 17                       | %             |
| 18      | Investment income percentage from 2010   | 6 Schedule A,                          | Part III, line 17 |  |                             | 18                       | <u>%</u>      |
| 19a     | 33/3% support tests-2017. If the organ   |  |                   |  |                             |                          |               |
| . /     | 17 is not more than 331/3%, check this box   |  |                   |  |                             | -                        | _             |
| k       | 331/3% support tests—2016. If the organize line 18 is not more than 331/3%, check this     |  |                   |  |                             |                          | •             |
| 20      | Private foundation If the organization di  |  | =                 |  | -                           | -                        | _             |

#### Part IV

#### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### **Section A. All Supporting Organizations**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (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.
- **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 **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c 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 **Part VI** 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
- 5a 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 **Part VI**, 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ)
- 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 **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- Did a disqualified person (as defined in line 9a) 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b 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.)

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| Schedul     | le A (Form 990 or 990-EZ) 2017   |  | ۲        | age 🔾   |
|-------------|--|--|----------|---------|
| Part        | IV Supporting Organizations (continued)  |  | '        |         |
| 11<br>a     | below, the governing body of a supported organization?   | <u>*************************************</u> | Yes      | No<br>* |
|             | 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  |          |         |
| Secti       | on B. Type I Supporting Organizations  | - 1  | 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 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. | -  |          |         |
| 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | 2  | <b>4</b> |         |
| Secti       | on C. Type II Supporting Organizations   |  |          |         |
| 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  | Yes      | No      |
| Secti       | ion D. All Type III Supporting Organizations   |  |          |         |
| 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1  | Yes      | No      |
| 2           | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 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).   | 2  |          |         |
| 3           | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  | 3  |          |         |
| Secti       | ion E. Type III Functionally Integrated Supporting Organizations   |  |          |         |
| 1           | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see   | instru                                       | ction    | s).     |
| a<br>b<br>c | <ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.</li> </ul>  |  |          |         |
| 2           | Activities Test. Answer (a) and (b) below.   | Mark VIII                                    | Yes      | No      |
| а           | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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 <b>Part VI</b> 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   |          |         |
| 3<br>a      | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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>  | 3a   |          |         |
| 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   |          |         |

instructions).

| 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 instructions. All other Type III non-functionally integrated supporting organ  |       |  |                                |
| 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) | 6     |  |                                |
| 7 Other expenses (see instructions)  | 7     |  |                                |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).  | 8     |  |                                |
| Section B - Minimum Asset Amount   |       | (A) Prior Year   | (B) Current Year<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see  |       | State of the state |                                |
| instructions for short tax year or assets held for part of year):  |       | t of Control of Fallet (St. St. St. St. St. St. St. St. St. St.  |                                |
| a Average monthly value of securities  | 1a    |  |                                |
| 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):   |       | ender der State  |                                |
| 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     |  |                                |
| Section C - Distributable Amount   |       |  | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1     | The state of the s |                                |
| 2 Enter 85% of line 1.   | 2     | Para Silatina                                 |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3     | laikka kalistisika Misi Paliturisika Killer Salar Paliturisi   |                                |
| 4 Enter greater of line 2 or line 3.   | 4     | The state of the s |                                |
| 5 Income tax imposed in prior year   | 5     | PARTICLE AND SALE OF SECULIAR SECTION OF SECULIAR SECTION OF SECULIAR SECTION OF SECULIAR SECTION OF SECULIAR SECTION OF SECULIAR SECTION OF SECULIAR SECTION OF SECULIAR SECTION OF SECULIAR SECTION OF SECULIAR  |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6     |  |                                |
| 7 Check here if the current year is the organization's first as a non-functional   | ly in | tegrated Type III supporting   | n organization (see            |

| Part     | Type III Non-Functionally Integrated 509(a)(3  | ) Supporting Organ   | zations (continued)  |  |
|----------|--|--|--|--|
| Secti    | on D - Distributions   |  |  | Current Year   |
| 1        | Amounts paid to supported organizations to accomplish e  |  |  |  |
| 2        | Amounts paid to perform activity that directly furthers exe                                    | empt purposes of suppo   | orted  |  |
|          | organizations, in excess of income from activity   |  |  |  |
| 3 .      | Administrative expenses paid to accomplish exempt purp   | inizations   |  |  |
| 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                                    | h the organization is res  | sponsive   |  |
|          | (provide details in Part VI). See instructions.  |  |  |  |
| 9        | Distributable amount for 2017 from Section C, line 6   |  |  |  |
| 10       | Line 8 amount divided by line 9 amount   |  |  |  |
| Se       | ection E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions  | (ii)<br>Underdistributions<br>Pre-2017   | (iii)<br>Distributable<br>Amount for 20'17   |
| 1        | Distributable amount for 2017 from Section C, line 6   |  |  |  |
| 2        | Underdistributions, if any, for years prior to 2017  |  |  | A Company of the   |
|          | (reasonable cause required - explain in Part VI). See  |  |  | ti da  |
|          | instructions.  |  |  |  |
| 3        | Excess distributions carryover, if any, to 2017  | The state of the s | (Apolitation) - producing to IC complete expension of the  |  |
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| е        | From 2016  | v Bris, pillan 1922 Bis Filter is Bis in the   | Marie and a wife a series of the series of t |  |
| f        | Total of lines 3a through e  |  | The state of the s |  |
| g        | Applied to underdistributions of prior years   |  |  |  |
| h        | Applied to 2017 distributable amount   |  |  |  |
| i        | Carryover from 2012 not applied (see instructions)   |  |  |  |
| <u>j</u> | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  | COS STATE AND AREA OF A STATE STATE  |  |  |
| 4        | Distributions for 2017 from  |  |  |  |
|          | Section D, line 7: \$  |  | The state of the s |  |
| а        | Applied to underdistributions of prior years   | 1/10 - 1/ | A T / 000+1/1004+1/10401   | to the side of the late of the side of the |
| b        | Applied to 2017 distributable amount   | M. Petri Michael Ses Set al Metric State (Sil  |  | \$1.648.78.648.8.600.000.0000.000.000.000.000.000.000  |
| С        | Remainder. Subtract lines 4a and 4b from 4.  |  | Commission Start Allegation and Subsection   | Marie Contract Contra |
| 5        | Remaining underdistributions for years prior to 2017, if                                       |  |  |  |
|          | any. Subtract lines 3g and 4a from line 2 For result   | 2.95   |  |  |
|          | greater than zero, explain in Part VI. See instructions.                                       |  | ######################################   |  |
| 6        | Remaining underdistributions for 2017. Subtract lines 3h                                       |  |  |  |
|          | and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions. |  |  |  |
|          | Excess distributions carryover to 2018. Add lines 3  |  |  | <br>   |
| 7        | and 4c.  |  |  |  |
| 8        | Breakdown of line 7:   | assameternasialaneteridania firmandeelikeelikeelikeelikeelikeelikeelikeeli   | ออุทันที่สามากสมายกา สามากสมายการการการการการการการการการการการการการก   | print out of the second of the |
| a        | Excess from 2013   | nan inaganan kanan k   | hadaayyyyhteenimaddaynagayhteenimoodayayay   |  |
| b        | Excess from 2014   |  |  |  |
|          | Excess from 2015   |  | THE CONTRACT OF THE PROPERTY O | Annon Maria Carlos Company and Carlos Company and Carlos C |
| d        | Excess from 2016   |  |  |  |
| <u>е</u> | Excess from 2017   |  | ในปัญญากับการและเกิดเกาะสาราชาวิทยาลาสาราชาวิทยาลาสาราชาวิทยาลาสาราชาวิทยาลาสาราชาวิทยาลาสาราชาวิทยาลาสาราชาวิท  |  |
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| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

| • Se    | ection 501(c)(4), (5), or (6) orga                   | anizations <sup>.</sup> Complete Part III   |   |   |   |
|---------|--|---|---|---|---|
| Name    | of organization                                      |   | ·   | Employer ide  | ntification number  |
| Appala  | achian Forest Heritage Area                          |   |   |   | 20-0815517  |
| Part    | I-A Complete if th                                   | e organization is exempt un   | der section 501                             | c) or is a section 527  | organization.   |
| 1       | Provide a description o definition of "political car | f the organization's direct and mpaign activities")   | indirect political ca                       | ampaign activities in Par   | t IV. (see instructions for   |
| 2       |  | ty expenditures (see instructions)  |   |   | <b>B</b>  |
| 3       |  | cal campaign activities (see instr  |   |   |   |
| Part    |  | e organization is exempt un   |   |   |   |
| 1       |  | excise tax incurred by the organ  |   | /// <del></del>   | 5   |
| 2       | Enter the amount of any                              | excise tax incurred by organizati   | on managers unde                            | r section 4955 🕨 🧐  | <u> </u>  |
| 3       | If the organization incurre                          | ed a section 4955 tax, did it file F  | orm 4720 for this y                         | ear?  | 🔲 Yes 🔲 No  |
| 4a<br>b | Was a correction made? If "Yes," describe in Part    |   |   |   | Yes No  |
|         |  | e organization is exempt un   | der section 501                             | c), except section 501  | I(c)(3).  |
| 1       | <del></del>  | tly expended by the filing organ  |   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
| •       | activities   |   |   |   | 5   |
| 2       |  | filing organization's funds cont  |   |   |   |
| _       |  | ivities   |   |   | }<br>   |
| 3       | •  | expenditures. Add lines 1 and   |   | on Form 1120-POL,   |   |
|         |  |   |   |   | 3   |
| 4       | Did the filing organization                          | n file <b>Form 1120-POL</b> for this yea  | ar?   |   | Yes No  |
| 5       | organization made paym the amount of political co    | ses and employer identification rents. For each organization listed ontributions received that were put fund or a political action commit | i, enter the amount<br>romptly and directly | paid from the filing organ<br>y delivered to a separate p                 | ization's funds. Also enter<br>political organization, such   |
|         | (a) Name   | (b) Address   | (c) EIN                                     | (d) Amount paid from<br>filing organization's<br>funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization  If none, enter -0- |
| (1)     |  |   |   |   |   |
| (2)     |  |   |   |   |   |
| (3)     |  |   |   |   |   |
| (4)     |  |   |   |   |   |
| (5)     |  |   |   |   |   |
| (6)     |  |   |   |   |   |

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|----|------------|---------|---|---------|----------------|--|--|---------------------------------------|-----------------------------|
| Pa | irt II-    | Α       | Complete if the organiza section 501(h)).               | tion is | s exempt u     | nder section 50  | 01(c)(3) and file  | d Form 5768 (ele                      | ection under                |
| A  | Chec       | k ►     | If the filing organization be address, EIN, expenses, a | _       |                |  |  | iliated group memb                    | per's name,                 |
| В  | Chec       | k ▶     | _   |         |                |  | •  |                                       |                             |
| _  |            |         |   |         | ng Expenditu   |  | <u></u>  | (a) Filing                            | (b) Affiliated              |
|    |            |         | (The term "expenditures"                                | -       | • .            |  | )  | organization's totals                 | group totals                |
| 1  | a To       | otal lo | obbying expenditures to influer                         | nce pu  | blic opinion   | grass roots lobby  | ing)   |                                       |                             |
|    | b To       | otal lo | obbying expenditures to influer                         | nce a I | egislative bo  | dy (direct lobbying  | g)   |                                       |                             |
|    |            |         | obbying expenditures (add line                          |         | -              |  |  | -                                     | -                           |
|    | <b>d</b> 0 | ther    | exempt purpose expenditures                             |         |                |  |  |                                       | ****                        |
|    | e To       | otal e  | exempt purpose expenditures (                           | add lir | nes 1c and 1d  | d)   |  |                                       |                             |
|    |            |         | ing nontaxable amount. Ent                              |         |                |  |  |                                       |                             |
|    | C          | olumi   | ns.   |         |                |  |  |                                       |                             |
|    | lf ·       | the a   | mount on line 1e, column (a) or (b                      | ) is:   | The lobbying   | nontaxable amoun   | t is:  |                                       |                             |
|    | No         | ot ove  | r \$500,000   | :       | 20% of the am  | ount on line 1e  |  |                                       |                             |
|    | 0          | ver \$5 | 00,000 but not over \$1,000,000                         | . ;     | \$100,000 plus | 15% of the excess  | over \$500,000   |                                       |                             |
|    | 0          | ver \$1 | ,000,000 but not over \$1,500,000                       |         | \$175,000 plus | 10% of the excess  | over \$1,000,000   |                                       |                             |
|    | 0          | ver \$1 | ,500,000 but not over \$17,000,000                      | ) !     | \$225,000 plus | 5% of the excess o   | ver \$1,500,000  |                                       |                             |
|    | 0          | ver \$1 | 7,000,000   |         | \$1,000,000    |  |  |                                       | establication in the second |
|    | g G        | rassr   | oots nontaxable amount (enter                           | r 25%   | of line 1f)    |  |  |                                       |                             |
|    |            |         | ct line 1g from line 1a. If zero o                      |         |                |  |  |                                       |                             |
|    |            |         | ict line 1f from line 1c. If zero o                     | -       |                |  |  |                                       |                             |
|    |            |         | e is an amount other than ze                            |         | either line    | 1h or line 1i, did   | I the organization   | file Form 4720                        |                             |
|    | re         | porti   | ng section 4911 tax for this ye                         |         |                |  |  |                                       | ∐ Yes      No               |
|    | Í          | (Som    | ne organizations that made a                            | section | on 501(h) ele  | Period Under sec<br>ection do not hav<br>uctions for lines | e to complete all  | of the five colum                     | ns below.                   |
|    |            |         | Lobby   | ing E   | kpenditures    | During 4-Year A  | veraging Period  | · · · · · · · · · · · · · · · · · · · |                             |
|    |            | Cale    | endar year (or fiscal year<br>beginning in)             |         | (a) 2014       | <b>(b)</b> 2015  | <b>(c)</b> 2016  | ( <b>d)</b> 2017                      | (e) Total                   |
|    | 2a Lo      | obby    | ing nontaxable amount                                   |         |                |  |  |                                       |                             |
|    |            |         | ing ceiling amount<br>of line 2a, column (e))           |         |                |  | Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Ma |                                       |                             |
|    | c T        | otal l  | obbying expenditures                                    |         |                |  |  |                                       |                             |
|    | <b>d</b> G | irassr  | roots nontaxable amount                                 |         |                |  |  |                                       |                             |
|    |            |         | roots ceiling amount<br>of line 2d, column (e))         |         |                | 4 美 4 多  |  |                                       | -                           |
|    | f G        | rassr   | roots lobbying expenditures                             |         |                |  |  |                                       |                             |

Schedule C (Form 990 or 990-EZ) 2017

| Schedu   | ale C (Form 990 or 990-EZ) 2017  |                 |                        |  | !  | Page 3                                   |
|----------|--|-----------------|------------------------|--|--|--|
| Part     | Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).  | _               |                        | 5768   |  |  |
| For (    | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed   | (4              | a)                     |  | (b)  |  |
|          | ription 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 legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:      |                 |                        |  | ENGLAN<br>PRESA<br>PROPERTO                  |  |
| а        | Volunteers? ,  | <u> </u>        | L                      |  | (j. 19gr. <del>19</del><br>Univillation site | VES ************************************ |
| b        | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |                 | /                      | A MANAGE   | 11/100                                       | distant.                                 |
| C        | Media advertisements?  | <u> </u>        | /                      | ├──  |  |  |
| d        | Mailings to members, legislators, or the public?   | <b>✓</b>        | <del>  , </del>        | <b> </b>   |  | 30                                       |
| e        | Publications, or published or broadcast statements?  |                 | <b>✓</b>               | <del> </del>                                     |  |  |
| f        | Grants to other organizations for lobbying purposes?   | <del>  , </del> | <b>✓</b>               | <b></b>  |  |  |
| g        | Direct contact with legislators, their staffs, government officials, or a legislative body?  | <b>✓</b>        |                        | <u> </u>   |  | (  |
| h        | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |                 | <b>√</b>               | <del></del>                                      |  |  |
| 1        | Other activities?  | JEAN WEST       | <b>√</b><br>-8416û-48k | <del></del>                                      |  |  |
| J        | Total. Add lines 1c through 1ı   |                 | 3361/6                 | ter Betro Sillei                                 |  |  |
| 2a       | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  | 11165.12988     | <b>√</b>               | 11 mg  |  |  |
| b        | If "Yes," enter the amount of any tax incurred under section 4912  | All Secretary   | The said               | <del></del>                                      |  |  |
| C        | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .   | 1997 7753°      | C. 100                 | 2.465 10.560                                     | 14203.22                                     | 4.23.26/m 20                             |
| d<br>Dow | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   | \ <u>\</u>      |                        | otion  | THE GROUPS                                   | HE SHIPPY                                |
| ı art    | 501(c)(6).   | ·,(O), \        | JI 30                  |  | T.,  | T  |
| 1 2      | Were substantially all (90% or more) dues received nondeductible by members?   |                 |                        | 1 2  | Yes  | No                                       |
| 3        | Did the organization agree to carry over lobbying and political campaign activity expenditures from the  |                 |                        |  | <u> </u>                                     |  |
| 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," Canswered "Yes."   |                 |                        |  | line   | 3, is                                    |
| 1        | Dues, assessments and similar amounts from members   |                 | 1                      | <u> </u>   |  |  |
| 2        | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  | s of            |                        |  |  |  |
| a        | Current year   | •               | 2a                     |  |  |  |
| b        | Carryover from last year   | •               | 2b                     | <del></del>                                      |  |  |
| C        | Total  |                 | 2c                     | <del> </del>                                     |  |  |
| 3        | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  |                 | <b>3</b>               | <del>                                     </del> |  |  |
| 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? | ying            | 4                      |  |  |  |
| 5        | Taxable amount of lobbying and political expenditures (see instructions)   |                 | 5                      |  |  |  |
|          | t IV Supplemental Information  |                 |                        |  |  |  |
|          | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro   | oup lis         | t): Pai                | rt II-A  | lines :                                      | 1 and                                    |
| 2 (see   | e instructions); and Part II-B, line 1. Also, complete this part for any additional information.   | . црс           | ٠,, ٠ ٠                | ,  |  |  |
| 1a - A   | FHA volunteer Board Members and partners openly supported AFHA legislation in congress.  |                 |                        |  |  |  |
| 1d - A   | FHA Newsletter regularly discussed AFHA legislation in congress and who to show support to in congres  | is.             |                        |  |  |  |
| 1g - A   | FHA Executive Director did engage in direct discussions with legislators and their staff without compens   | ation f         | or tim                 | e or tra   | vel.   |  |
|          |  |                 |                        |  |  |  |
|          |  |                 |                        |  |  |  |

| chedule C (For | m 990 or 990-EZ) 2017                 | Page 4 |
|----------------|---------------------------------------|--------|
| Part IV        | Supplemental Information (continued)  |        |
| •              |                                       |        |
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#### **SCHEDULĘ D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

| Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 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 a historically important land area □ Protection of natural habitat □ Preservation of a certified historic structure □ Preservation of open space 2 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.  a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)   | iame o   | t the organization   |  | Employer identification number   |
|--|----------|--|--|--|
| Complete if the organization answered "Yes" on Form 990, Part IV, line 6.    Total number at end of year   | ppala    |  |  |  |
| Total number at end of year  | Par      | Organizations Maintaining Donor Adv  | vised Funds or Other Similar Fur           | nds or Accounts.   |
| Total number at end of year  2 Aggregate value of contributions to (during year)  3 Aggregate value at end of year  4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advissed funds are the organization's property, subject to the organization's exclusive legal control? □ 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 conferring impermissible private benefit?  2 Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  2 Purpose(9) of conservation easements held by the organization (check all that apply).  □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of land for public use (e.g., recreation or education) □ Preservation of a certified historic structure □ Preservation of open space  2 Complete lines 2 at hrough 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  3 Total number of conservation easements  2 Number of conservation easements.  2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year year P  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year year P  Number of states where property subject to conservation easements is located P  Number of conservation easement reported on line 2(d) above satisfy the requirement  |          | Complete if the organization answered  | "Yes" on Form 990, Part IV, line 6.        | •  |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization sproperty, subject to the organization's exclusive legal control?   Yes   No 6 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 conferring impermissible private benefit?  Part II   Conservation Easements.   |          | · · · · · · · · · · · · · · · · · · ·  | (a) Donor advised funds                    | (b) Funds and other accounts   |
| 2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization sproperty, subject to the organization's exclusive legal control?   Yes   No 6 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 conferring impermissible private benefit?  Part II   Conservation Easements.   | 1        | Total number at end of year  |  |  |
| Aggregate value of grants from (during year)  Aggregate value of grants from (during year)  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?  Did the organization inform all 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 conferring impermisable private benefit?  Part II  |          | <del>_</del>   |  | 1  |
| Aggregate value at end of year   |          |  |  |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?   Yes   No    6 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 conferring impermissible private benefit?   Yes   No    Part II   Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1   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 a instorically important land area   Preservation of open space   Preservation of open space   Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year.   Test an uniform of conservation easements   2a   Test an uniform of conservation easements   2b   Test an uniform of conservation easements   2b   Test and the structure included in (a)   2c   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   A Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easements in constructions, and enforcement of the conservation easements it holds?   Number of states where property subject to conservation easements of violations, and enforcing conservation easements during the year   No   Number of states where property subject to conservation easements in the review of the forganization in monitoring, inspecting, handling of violations, and enforcing conservat |          |  |  |  |
| funds are the organization's property, subject to the organization's exclusive legal control? .  |          |  | advisors in viviting that the goods h      |  |
| 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 confering impermissable private benefit?   | Ð        |  |  |  |
| only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Conservation Easements.  Complete if the organization answered "Yes" on 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 a historically important land area Protection of natural habitat Protection of natural habitat Preservation of perservation of part sucture Preservation of perservation of part sucture Preservation of part sucture Preservation of part sucture Preservation of part suctions assement on the last day of the tax year.  Total number of conservation easements 2 2a 2b Number of conservation easements 2 2b Number of conservation easements in a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year PNNumber of states where property subject to conservation easement is located PNNumber of states where property subject to conservation easement is located PNNumber of states where property subject to conservation easement is located PNNumber of states where property subject to conservation easement is located PNNumber of states where property subject to conservation easement is located PNNumber of states where property subject to conservation easements is located PNNumber of states where property subject to conservation easements in society of violations, and enforcing conservation easements during the year PNNumber of states where property subject to conservation easements in tholds?  Staff and volunteer hours devote | _        |  | -  | — · · · · · · · · · · · · · · · · · · ·  |
| Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  □ Preservation of and for public use (e.g., recreation or education) □ Preservation of a historically important land area □ Preservation of on fautural habitat □ Preservation of open space  2 Complete lines 2 at 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.  2 Total number of conservation easements . 2  | 6        |  |  |  |
| Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 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 a historically important land area □ Preservation of another protection of natural habitat □ Preservation of open space 2 Complete lines 2 a 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.  a Total number of conservation easements  1 Total acreage restricted by conservation easements  2 Total acreage restricted by conservation easements  3 Number of conservation easements not a certified historic structure included in (a) 2 c  4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶  5 Does ach conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)4( B 0)  and section 170(h)4( B 0)  7 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 organizations financial statements that describes the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance shee works of art, historical treasures, or other similar assets hed for public exhibition, education, or research in furtherance or public service, provide the following amounts relating to these items:  b If t  |          | · · · · · · · · · · · · · · · · · · ·  |  | The state of the s |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 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 a historically important land area □ Protection of natural habitat □ Preservation of open space  2 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.  a Total number of conservation easements  b Total acreage restricted by conservation easements.  c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure included in (a) .  2c  |          |  | <u> </u>                                   | · · · · · · · · · · · Yes 🗌 No   |
| 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 a historically important land area   Preservation of land for public use (e.g., recreation or education)   Preservation of a certified historic structure   Preservation of open space 2 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.  a Total number of conservation easements . 2a   2a   2b   2b   2b   2b   2c   2d   2d   2d   2d   2d   2d   2d   | Par      | II Conservation Easements.   |  |  |
| 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 a historically important land area   Preservation of land for public use (e.g., recreation or education)   Preservation of a certified historic structure   Preservation of open space 2 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.  a Total number of conservation easements . 2a   2a   2b   2b   2b   2b   2c   2d   2d   2d   2d   2d   2d   2d   |          | Complete if the organization answered  | "Yes" on Form 990, Part IV, line 7.        |  |
| Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   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.  a Total number of conservation easements   2a   Itel at the End of the Tax Year   b Total acreage restricted by conservation easements   2b   C Number of conservation easements on a certified historic structure included in (a)   d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   2d   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easements it holds?   Number of states where property subject to conservation easements it holds?   Number of states where property subject to conservation easements it holds?   Number of states where property subject to conservation easements it holds?   Number of states where property subject to conservation easements it holds?   Number of states where property subject to conservation easements it holds?   Number of states where property subject to conservation easements it holds?   Number of states where property subject to conservation easements in the frame of works of states where property subject to conservation easements in the frame of works of section 170(h)(4)(B)(h)(h)   Number of states where property subject to con    | 1        |  |  |  |
| 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.  a Total number of conservation easements   2a   Held at the End of the Tax Year   2b   Total acreage restricted by conservation easements   2b   Unimber of conservation easements   2b   Unimber of conservation easements   2b   Unimber of conservation easements   2c   Unimber of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   2d   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶   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 violations, and enforcement of the conservation easements it holds?   Yes   No   Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶   S   No   Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶   S   No   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.   Complete if the organization answered "Yes" on 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 shee works of art, historical treasures, or other similar ass    | •        | · · · · · · · · · · · · · · · · · · ·  | - , , , , , , , , , , , , , , , , , , ,    | of a historically important land area  |
| 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.  a Total number of conservation easements b Total acreage restricted by conservation easements. 2a  Number of conservation easements on a certified historic structure included in (a) 2b  Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  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 violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  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.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on 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 shee works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these terms.  If the  |          |  | •  | - ·  |
| 2 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.  a Total number of conservation easements  |          |  |  | a certified ristoric structure   |
| easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easements in located   Number of states where property subject to conservation easements in located   Number of states where property subject to conservation easements in located   Number of states where property subject to conservation easements in located   Number of states where property subject to conservation easements in located   Number of states where property subject to conservation easements in located   Number of states where property subject to conservation easements in located   Number of states where property subject to conservation easements in located   Number of states where property subject to conservation, and enforcing conservation easements during the year   Number of states where property subject to subject to located   Number of states where property subject to conservation, and enforcing conservation easements during the year   Number of states where property subject to conservation, and enforcing conservation easements during the year   Number of states where property subject to conservation easements in its revenue and expenses 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 conservati | 2        |  | old a gualified concentation contributi    | on in the form of a concentation   |
| a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register  Number of conservation easements michiged, transferred, released, extinguished, or terminated by the organization during the tax year ▶  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 violations, and enforcement of the conservation easements it holds?  Namount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ A amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ S Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  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.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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 or public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items:  (i) Revenue included on Form 990, Part XII. In the 1 total form 199  | 2        |  | eid a quaimed conservation contribution    |  |
| b Total acreage restricted by conservation easements.  c Number of conservation easements on a certified historic structure included in (a) 2c  d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of volations, and enforcement of the conservation easements it holds? Yes No  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No  9 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.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance shee works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance shee works of art, historical treasures, or other similar assets for fi                  |          |  |  |  |
| c Number of conservation easements on a certified historic structure included in (a) . 2c   d Number of conservation easements included in (c) acquired after 7/25/66, and not on a historic structure listed in the National Register   | а        |  |  |  |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register   | þ        | Total acreage restricted by conservation easement  | ts   | <b>2b</b>  |
| Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  1 Number of states where property subject to conservation easement is located ▶  2 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?   | С        | Number of conservation easements on a certified I  | nistoric structure included in (a)         | <b>2c</b>  |
| Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  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 violations, and enforcement of the conservation easements it holds?   | d        | Number of conservation easements included in   | (c) acquired after 7/25/06, and not        | on a   |
| A Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  |          | historic structure listed in the National Register .   |  | · ·   2d   |
| A Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  | 3        | Number of conservation easements modified, trans   | sferred, released, extinguished, or teri   | minated by the organization during the   |
| 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 violations, and enforcement of the conservation easements it holds?  |          |  |  | , ,  |
| Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?   | 4        |  | rvation easement is located ▶              |  |
| violations, and enforcement of the conservation easements it holds?  |          |  |  | spection handling of   |
| Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  \$  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  |          |  |  | · · ·  |
| Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  | 6        |  |  |  |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  | U        | Stan and volunteer hours devoted to monitoring, inspec   | ting, handling of violations, and emorcing | conservation easements during the year   |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  | _        | A company of a com | . In the state of the same and the         |  |
| Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?   | 1        |  | ig, nandling of violations, and enforcing  | conservation easements during the year   |
| and section 170(h)(4)(B)(ii)?  | _        | `  |  |  |
| <ul> <li>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.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>Ia 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 or public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>b 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 or public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part X</li></ul>  | 8        |  | · ·  | f section 170(h)(4)(B)(i)  |
| 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.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a 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 or public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b 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 or public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  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:  a Revenue included on Form 990, Part VIII, line 1  **Experimental describes the describes 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:  **Bevenue included on Form 990, Part VIII, line 1  **Experimental 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:  **Bevenue included on Form 990, Part VIII, line 1   |          | and section 170(h)(4)(B)(ii)?  |  | · · · · · · · · · · Yes   No   |
| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a 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 or public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b 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 or public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  | 9        | In Part XIII, describe how the organization reports  | conservation easements in its revenue      | e and expense statement, and   |
| Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on 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 sheel works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or 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 sheel works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  |          | balance sheet, and include, if applicable, the text of   | of the footnote to the organization's fir  | nancial statements that describes the  |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a 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 or public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b 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 or public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1   |          | organization's accounting for conservation easeme  | ents.                                      |  |
| <ul> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheer works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheer works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>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:</li> </ul> </li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>(iii) Assets included on Form 990, Part VIII, line 1</li> <li>(iiii) Assets included on Form 990, Part VIII, line 1</li> <li>(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>  | Part     | III Organizations Maintaining Collection   | s of Art, Historical Treasures, or         | Other Similar Assets.  |
| <ul> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheer works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.</li> <li>If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheer works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> <li>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:</li> </ul> </li> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>(iii) Assets included on Form 990, Part VIII, line 1</li> <li>(iiii) Assets included on Form 990, Part VIII, line 1</li> <li>(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii</li></ul>  |          | Complete if the organization answered  | "Yes" on Form 990, Part IV, line 8.        |  |
| 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.  b 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:  (i) Revenue included on Form 990, Part VIII, line 1  | 1a       |  | ·  |  |
| public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.  b 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 or public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1   |          | - · · · · · · · · · · · · · · · · · · ·  | •  |  |
| b 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 or public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  |          |  | ·  |  |
| works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1   | <b>L</b> |  |  |  |
| public service, provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  | D        | ·  | ,    |  |
| <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li></ul>   |          |  |  | uucation, or research in furtherance of  |
| <ul> <li>(ii) Assets included in Form 990, Part X</li></ul>  |          |  | <del>-</del>                               |  |
| <ul> <li>(ii) Assets included in Form 990, Part X</li></ul>  |          | (i) Revenue included on Form 990, Part VIII, line 1  |  | <b>▶</b> \$  |
| <ul> <li>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:</li> <li>a Revenue included on Form 990, Part VIII, line 1</li></ul>   |          | (ii) Assets included in Form 990, Part X   |  | > \$   |
| a Revenue included on Form 990, Part VIII, line 1  | 2        | If the organization received or held works of art  | , historical treasures, or other simila    | r assets for financial gain, provide the   |
|  |          | following amounts required to be reported under S  | FAS 116 (ASC 958) relating to these i      | tems:  |
|  | а        | Revenue included on Form 990. Part VIII line 1   |  | <b>&gt;</b> \$   |
| D MASCIS INCIDICATION FOR THE STORE AND A  |          |  |  |  |

| Part   |   |                      |   |                    |           |                      |                                       |        |
|--------|---|----------------------|---|--------------------|-----------|----------------------|---------------------------------------|--------|
| 3      | 'Using the organization's acquisition, a collection items (check all that apply): | accession, and oth   | her records, o                          | heck any of the    | e follow  | ing that are a sig   | nificant use of i                     | ts     |
| а      | ☐ Public exhibition   |                      | d 🗌 L                                   | oan or exchang     | e progra  | ams                  |                                       |        |
| b      | ☐ Scholarly research  |                      | e 🗌 C                                   | ther               |           |                      |                                       |        |
| С      | ☐ Preservation for future generations   | <b>i</b>             |   |                    |           | ·····                |                                       |        |
| 4      | Provide a description of the organizat XIII.                                      |                      | and explain ho                          | w they further     | the orga  | anization's exemp    | ot purpose in Pa                      | ırt    |
| 5      | During the year, did the organization assets to be sold to raise funds rather     |                      |   |                    |           |                      |                                       | 0      |
| Part   | IV Escrow and Custodial Arra  | ngements.            |   |                    |           |                      |                                       | _      |
|        | Complete if the organization  | answered "Yes"       | on Form 99                              | 0, Part IV, line   | 9, or r   | eported an amo       | ount on Form                          |        |
|        | 990, Part X, line 21.   |                      |   |                    |           |                      |                                       |        |
| 1a     | Is the organization an agent, trustee, included on Form 990, Part X?              |                      |   |                    |           |                      | Yes 🗸 N                               | _<br>o |
| ь      | If "Yes," explain the arrangement in Pa   |                      |   |                    |           |                      | 00                                    | •      |
| _      | Too, explain the arrangement in t   | are sum and comple   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ig table.          |           | Am                   | nount                                 | _      |
| С      | Beginning balance   |                      |   |                    | 1c        |                      | <u></u>                               | —      |
| d      | Additions during the year   |                      |   |                    | 1d        | <del> </del>         |                                       | _      |
| _      |   |                      |   |                    | 1e        | -                    | _                                     | _      |
| e<br>f | Distributions during the year Ending balance                                      |                      |   |                    | 1f        |                      | -                                     | _      |
|        | <del>-</del>  |                      |   |                    |           | annount lighting     | Vac DN                                | _      |
| 2a     | Did the organization include an amour   |                      |   |                    |           | -                    |                                       | J      |
| Par    | If "Yes," explain the arrangement in Pa   | art Alli. Check nere | e ir the explan                         | ation has been     | provide   | o on Part XIII .     | <u> </u>                              | _      |
| Fai    |   | anautored "Vee"      | , on Lorm 00                            | O Dort IV Iva      | . 10      |                      |                                       |        |
|        | Complete if the organization  | (a) Current year     |   |                    |           | (d) Thron yours book | (a) Four years book                   | _      |
|        |   | (a) Current year     | (b) Prior year                          | (c) Two years      | s back    | (d) Three years back | (e) Four years back                   | _      |
| _      | Beginning of year balance   |                      |   |                    |           |                      |                                       | _      |
| b      | Contributions   |                      |   |                    |           |                      |                                       | _      |
| С      | Net investment earnings, gains, and losses  |                      |   |                    |           |                      |                                       |        |
| d      | Grants or scholarships  |                      |   |                    |           |                      |                                       | _      |
|        | Other expenditures for facilities and   |                      |   |                    | ·         |                      |                                       | _      |
|        | programs  |                      |   |                    |           |                      |                                       |        |
| f      | Administrative expenses   |                      |   |                    |           |                      |                                       |        |
| g      | End of year balance   |                      |   |                    |           |                      |                                       | _      |
| 2      | Provide the estimated percentage of t   |                      |   | e 1g, column (a)   | )) held a | s:                   |                                       |        |
| а      | Board designated or quasi-endowmer  | nt <b>&gt;</b>       | %                                       |                    |           |                      |                                       |        |
| b      | Permanent endowment >   | %                    |   |                    |           |                      |                                       |        |
| С      | Temporarily restricted endowment ▶  | %                    |   |                    |           |                      |                                       |        |
|        | The percentages on lines 2a, 2b, and  |                      |   |                    |           |                      |                                       |        |
| 3a     | Are there endowment funds not in the  | e possession of th   | e organizatioi                          | n that are held a  | and adn   | ninistered for the   | ·                                     |        |
|        | organization by:  |                      |   |                    |           |                      | Yes No                                | )      |
|        | (i) unrelated organizations   |                      |   |                    |           |                      | 3a(i)                                 |        |
|        | (ii) related organizations  |                      |   |                    |           |                      | 3a(ii)                                | _      |
| b      | If "Yes" on line 3a(ii), are the related or                                       | rganizations listed  | as required o                           | n Schedule R?      |           |                      | 3b                                    | _      |
| 4      | Describe in Part XIII the intended uses   | of the organization  | n's endowme                             | nt funds.          |           |                      | · · · · · · · · · · · · · · · · · · · | _      |
| Part   | VI Land, Buildings, and Equip   | ment.                |   |                    |           |                      |                                       | _      |
|        | Complete if the organization  |                      | on Form 99                              | 0, Part IV, line   | 11a. S    | See Form 990, F      | Part X, line 10.                      |        |
|        | Description of property   | (a) Cost or oth      |   | ost or other basis |           | ccumulated           | (d) Book value                        | _      |
|        |   | (investme            | ent)                                    | (other)            | de        | preciation           |                                       | _      |
| _      | Land  | ·                    |   |                    |           |                      |                                       | _      |
| b      | Buildings   |                      | <u> </u>                                |                    |           |                      |                                       | _      |
| С      | Leasehold improvements  |                      |   |                    |           |                      |                                       | _      |
| d      | Equipment   |                      |   |                    |           |                      |                                       | _      |
| е      | Other   |                      |   |                    |           |                      |                                       | _      |
| Total  | Add lines 1a through 1e (Column (d) m   | rust equal Form 90   | On Part Y col                           | umn (R) line 10    | C 1       |                      |                                       |        |

| Part VII        | Investments—Other Securities.   |   |                         |   |  |
|-----------------|---|---|-------------------------|---|--|
|                 | Complete if the organization answered   | "Yes" on For                            |                         | 1                                       |  |
|                 | (a) Description of security or category (including name of security)  |   | (b) Book value          | 1 ' '                                   | hod of valuation<br>-of-year market value  |
| (1) Financial   | derivatives   |   |                         |   |  |
|                 | neld equity interests   |   |                         |   |  |
| (3) Other       |   |   |                         |   |  |
| (~)             |   |   |                         |   |  |
| (B)             |   |   |                         |   |  |
| (C)             |   | <del>-</del>                            |                         |   |  |
| (D)             |   |   |                         |   |  |
| (E)             |   |   | <u> </u>                |   |  |
| (F)<br>(G)      |   |   |                         | <del></del>                             |  |
| (H)             |   |   |                         | <del></del>                             |  |
|                 | o) must equal Form 990, Part X, col (B) line 12 ) ▶   | <b></b>                                 |                         |   |  |
| Part VIII       | Investments—Program Related.  |   |                         | 772477128482725827382807497948          | A.P.W. (1498 * 1611 (1616) 1616 1616 1616 1616 1616 16   |
| r art viii      | Complete if the organization answered   | l "Yes" on For                          | m 990. Part IV. lin     | e 11c. See Form                         | 990. Part X. line 13.  |
|                 | (a) Description of investment   | . , , , , , , , , , , , , , , , , , , , | (b) Book value          | T                                       | thod of valuation  |
|                 | (a) bosonphonol myssumom  |   | (2, 200                 |   | -of-year market value  |
| (1)             |   |   |                         |   |  |
| (2)             |   |   |                         |   |  |
| (3)             |   |   |                         |   |  |
| (4)             |   |   |                         |   |  |
| (5)             |   |   |                         |   |  |
| (6)             |   |   |                         |   |  |
| (7)             |   | _                                       |                         |   |  |
| (8)             |   |   |                         |   |  |
| (9)             |   |   |                         | (FOR A MIN. 1/1/25/88 PET/2 / W///      | - ANT I THEN I I WANTE SOUTH AND WAS AN I WANTE SOUTH  |
|                 | b) must equal Form 990, Part X, col. (B) line 13.) ▶  |   |                         |   |  |
| Part IX         | Other Assets.   | 1.67 " =                                | 000 D. (D. )            |   | , 000 David V June 45  |
|                 | Complete if the organization answered   |   | m 990, Part IV, IIr     | e 11a. See Form                         | (b) Book value   |
|                 | (a) Descr   | iption                                  | <del></del>             | <del></del>                             | (b) Book value   |
| (1)             |   |   |                         |   |  |
| (2)             |   |   |                         |   |  |
| (3)             |   |   |                         |   |  |
| (4)             |   |   | <u></u>                 |   |  |
| (6)             | <del></del>   |   |                         |   |  |
| (7)             |   |   |                         |   |  |
| (8)             |   |   |                         | <del></del>                             |  |
| (9)             | <del></del>   | ·                                       |                         |   |  |
|                 | mn (b) must equal Form 990, Part X, col. (B)  | line 15.)                               |                         |   |  |
| Part X          | Other Liabilities.  |   |                         |   |  |
|                 | Complete if the organization answered   | d "Yes" on For                          | rm 990, Part IV, Iir    | ne 11e or 11f. See                      | e Form 990, Part X,  |
|                 | line 25.  |   |                         |   |  |
| 1.              | (a) Description of liability  | (b) Book value                          |                         |   |  |
| (1) Federal ır  | ncome taxes   |   |                         |   |  |
| (2)             |   |   |                         | rance were                              |  |
| (3)             |   |   | <b>*** A: **</b>        | ANTIGER WE WINE                         | a grande de la companya de la companya de la companya de la companya de la companya de la companya de la compa |
|                 |   |   |                         |   |  |
| (5)             |   | ·                                       |                         |   |  |
| (6)             |   |   |                         | the state of the state of               |  |
| (7)             |   |   |                         |   |  |
| (8)             |   |   |                         |   |  |
| (O)             | 15 200 0 114 201 201 2  |   |                         | anno anno anno anno anno anno anno anno | ormania sa propinsi kan magamata sa katalah da kan kan kan kan kan kan kan kan kan ka                          |
|                 | b) must equal Form 990, Part X, col. (B) line 25 )  | 1 - 4 - 6 11 - 5 - 4                    |                         | -1-4                                    |  |
| Z. Liability to | r uncertain tax positions. In Part XIII, provide the<br>s liability for uncertain tax positions under FIN 4 | LEXT OF THE TOOTH                       | ock here if the tast of | the footpote has bee                    | ents that reports the  |
| organization    | s naonny for undertain tax positions under FIN 4  | 0 (MOU 14U). UNE                        | sor here if the fext Of | une loculote has bee                    | m provided in Fall Alli  |

| Fan       | Reconciliation of Revenue per Audited Financial Statem   |                                | Return.                                   |
|-----------|--|--------------------------------|---|
|           | <ul> <li>Complete if the organization answered "Yes" on Form 990,</li> </ul>   | 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:  |                                | 144                                       |
| а         | Net unrealized gains (losses) on investments   | 2a                             |   |
| b         | Donated services and use of facilities   | 2b                             |   |
| С         | Recoveries of prior year grants  | 2c                             |   |
| d         | Other (Describe in Part XIII.)   | <del></del>                    |   |
| е         | Add lines <b>2a</b> through <b>2d</b>  |                                | 2e  |
| 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                             |   |
| b         | Other (Describe in Part XIII.)   | <del></del>                    |   |
| 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   | e 12.)     .     .     .     . | 5   |
| Part      | XII Reconciliation of Expenses per Audited Financial Stater  | ments With Expenses p          | er Return.                                |
|           | Complete if the organization answered "Yes" on Form 990,   |                                |   |
| 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:  |                                | <b>200</b>                                |
| а         | Donated services and use of facilities   | 2a                             |   |
| b         | Prior year adjustments   |                                |   |
| С         | Other losses   |                                |   |
| d         | Other (Describe in Part XIII.)   |                                |   |
| 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 IX, line 25, but not on line 1:   | 1 1                            |   |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a                             |   |
| b         | Other (Describe in Part XIII.)   |                                |   |
|           |  | 1 40                           | 100 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m |
| c         | Add lines <b>4a</b> and <b>4b</b>  |                                | 4c  |
| _         | ·  |                                |   |
| с<br>5    | Add lines <b>4a</b> and <b>4b</b>  |                                |   |
| 5<br>Part | Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, Iii <b>XIII</b> Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar  | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
| 5<br>Part | Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, Iii  XIII Supplemental Information.  | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
| 5<br>Part | Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, Iii <b>XIII</b> Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar  | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
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| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
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| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
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| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
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| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
| 5<br>Part | Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, In XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | ne 18.)                        | 5<br>b; Part V, line 4; Part X, line      |
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| Schedule D (Fo | rm 990) 2017                                      | Page 5     |
|----------------|---|------------|
| Part XIII      | rm 990) 2017 Supplemental Information (continued) |            |
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#### SCHEDULE Q (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 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

o www.irs.gov/Form990 for the latest information.

Inspect

Employer identification number

| Appalachian Forest Heritage Area   | 20-0815517             |  |  |
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| 990 Part VI 11b 990 is emailed to all members of the governing body for comment at least 10 days prio                                  | r to submission to IRS |  |  |
|  |                        |  |  |
| 990 Pt VI 19 All public organizational docs are available to the public by request by e-mail, mail, or may be picked up at our office. |                        |  |  |
| 990 Part XI 9 Rounding difference  |                        |  |  |
| 950 Part XI 5 Rounding difference  |                        |  |  |
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