OGDEN, UT

(Rev January 2020)

Department of the Treasury

Return 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

2019

Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning , 2019, and ending , 20 Check if applicable C Name of organization Appalachian Forest Heritage Area Inc. D Employer identification number Address change Doing business as Appalachian Forest National Heritage Area 20-0815517 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number initial return PO Box 1206 304-636-6182 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Elkins, WV 26241 G Gross receipts \$ 725,764 Application pending F Name and address of principal officer Robert Johnson H(a) Is this a group return for subordinates? Yes Vo H(b) Are all subordinates included? Yes No 62 E Main Street, Richwood, WV 26261 Tax-exempt status 4947(a)(1) or If "No," attach a list (see instructions) √ 501(c)(3) 501(c) () ◀ (insert no) Website: ▶ www.appalachianforestnha.org H(c) Group exemption number ▶ Form of organization Corporation Trust Association L Year of formation M State of legal domicile wv Part I Briefly describe the organization's mission or most significant activities: Provide coordinating support for organizations and Activities & Governance agencies within the Appalachian Forest Heritage Area who regularly support forest heritage culture, historic preservation, conservation, and community development within our organizational themes. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 12 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 <u>71</u> 6 Total number of volunteers (estimate if necessary) 6 8 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 39 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h). 572,203 541,926 Program service revenue (Part VIII, line 2g) 9 188,840 169,265 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 14,573 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 761.043 725,764 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 616,184 584,744 16a Professional fundraising fees (Part IX, column (A), line 11e) n O b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 76,438 134,836 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 692,622 719,580 19 Revenue less expenses. Subtract line 18 from line 12 . 68,421 6,184 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 146,244 149,869 21 Total liabilities (Part X, line 26) . 9.122 11,615 22 Net assets or fund balances. Subtract line 21 from line 20 137,122 138,254 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge inverseardslee 11/15/2020 Sian TREASURER Here Type or print name and title Print/Type preparer's name Date Check I if PTIN Preparer's signature **Paid** Eself-employed Preparer Firm's name Firm's EIN > **Use Only** Ó Firm's address ▶ √0√2°0 2020 May the IRS discuss this return with the preparer shown above? (see instructions) 6 Yes ☐ No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part I	_	ce Accomplishments a response or note to any line in this	s Part III	. 🗇
1	Briefly describe the organization's m			
	The Appalachian Forest Heritage Area	integrates central Appalachian forest his	story, culture, natural history, products,	
	and forestry management into a herita-	ge tourism initiative to promote rural con	munity development.	
2	-	significant program services during the		☑ No
	prior Form 990 or 990-EZ? If "Yes," describe these new services			
2	•	cting, or make significant changes in	how it conducts any program	
3	services?			∑ No
	If "Yes," describe these changes on			
4	•		its three largest program services, as measu	red by
•	expenses. Section 501(c)(3) and 501	(c)(4) organizations are required to rep	port the amount of grants and allocations to o	
	the total expenses, and revenue, if a	ny, for each program service reported.		
4a	(Code:) (Expenses \$	670,453 including grants of \$	481,021) (Revenue \$ 701,934))
			yed 40 National Service members throughout the	state
			on, Historic Preservation, and Heritage based	
	Community Development. Members pr	ovided over 45,000 hours of service to th	eir sites Conservation service specifically include	led
	activities such as watershed restoration	n, environemental education, non-native	species management, field data collection, tree	
	planting, trail building and maintenance	e, environmental recreation support, arc	haelogical support, among others Historic	
			r rehabilitation of historic structures. Community	
			elopment organizations, planning offices. All ser	
			and added greatly the volunteer capacity and out	
			eers for their sponsoring sites in 2017, increasing	
		litional volunteer hours. Members provid	ed direct service resulting in the improvement of	over
	1550 acres of public land in 2018.			
4b	(Code:) (Expenses \$	7,414 including grants of \$	1,500) (Revenue \$ 2,414)	\
710			palachian Fotrest Heritage Area's diverse natura	
			in the Discovering AFHA display area, and learn	
	the WV European immigration patterns			
				 -
	/Code	O realleding greats of C	n) (Peyenue f	
4c	(Code:) (Expenses \$	0 including grants of \$	0) (Revenue \$0)	
			embarked on a muti-year management planning	
	process to develop our structures and	programming to support our beneficiarie	53.	
	Other program services (Describe or			
4d	, -	n Schedule O.) ng grants of \$ 0) (Reven	ue\$ 0)	



Part IV	Checklist of	Required	Schedules
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rait	Onecklist of Nequired Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		162	NO
2	complete Schedule A	2	✓	1
2 3	Did the organization required to complete <i>Scriedule B</i> , <i>Scriedule of Communitors</i> (see instructions)?	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
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		✓
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		✓
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	•	✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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		√
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		~
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		✓
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		✓
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		✓
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		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
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		✓

Part	V Checklist of Required Schedules (continued)			3-
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	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		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		√
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		√ ,
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		\
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		>
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		✓
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		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36	1	√
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		\
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	√	

Form **990** (2019)

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 71			£ 40
b	If at least one is reported on line 2a, did the organization file all required federal employment t	ax returns? .	2b	✓	<u>L_</u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see insti	ructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year	?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S	chedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or oth				
	a financial account in a foreign country (such as a bank account, securities account, or other finan	cial account)?	4a	Sanana San	√
b	If "Yes," enter the name of the foreign country ▶				10 m
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			222.2	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5b	\vdash	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	igwdown	
6a	Does the organization have annual gross receipts that are normally greater than \$100,0 organization solicit any contributions that were not tax deductible as charitable contributions?	00, and did the ?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	contributions or	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods			
	and services provided to the payor?		7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b_		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property f	or which it was			
	required to file Form 8282?		7c	A Madamisera	V ACCOUNT
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		2033	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal because of the organization receive any funds, directly or indirectly, to pay premiums on a personal because of the organization receive any funds, directly or indirectly, to pay premiums on a personal because of the organization receive any funds, directly or indirectly, to pay premiums on a personal because of the organization receive any funds, directly or indirectly, to pay premiums on a personal because of the organization received any funds.		7e	L	1
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		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fi		7h	199059	14/212
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			7.86680	100
9	Did the sponsoring organization make any taxable distributions under section 4966?		9a	<i>523.82</i>	Y////5774
a 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 and taxable distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make and taxable distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make and taxable distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make and taxable distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make and taxable distribution to a donor, donor advisor, or related personal transfer or the sponsoring organization make and taxable distribution to a donor advisor, or related personal transfer or the sponsoring organization make and taxable distribution to a donor advisor, and the sponsoring organization make a distribution to a donor advisor, and the sponsoring organization make a distribution to a donor advisor and the sponsoring organization and the sponsori	 son?	9b		
10	Section 501(c)(7) organizations. Enter:		The state of the s	30/22	
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:	<u> </u>			3.7
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
_	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a		✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				4000
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	1 900 - 2 100.5	√
	Note: See the instructions for additional information the organization must report on Schedul	e O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			1
С	Enter the amount of reserves on hand	13c		Parista.	
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a	 	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on		14b	├ ─	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remuneration or			,
	excess parachute payment(s) during the year?		15		√
	If "Yes," see instructions and file Form 4720, Schedule N	ostmont income?	16	104×26	1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investigned in the section 4968 excise tax on net investigned in the section 4968 excise tax on net investigned in the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation and the section 4968 excise tax on net investigation and the section a	sament income?			

Part \		and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			
Šocti	on A. Governing Body and Management		• •	
Secin	on A. Governing body and Management	$\overline{}$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 12			
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		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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	✓	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	SESSIONIES :	1000000000
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a		
a b	The governing body?	8b	<u>/</u>	 -
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.0		\vdash
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Co	ode.)	
			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	√	Carllett and
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	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	✓	
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?		TO SA	V
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?	150		
а	The organization's CEO, Executive Director, or top management official	15a 15b		\
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100	1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ WV			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords		
	Logan Smith, 401 Davis Avenue Rm 312, Elkins, WV 26241			

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest Compe	nsated 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization	Tior arry relate		aiiiz		C)	ompe	IISa	lted any current	Jilicer, director,	or trustee.
(A) Name and title	(B) Average hours per week	box,	unles er and	Pos neck ss pe d a d	more rson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Bob Johnson - President	.5	1		1				0	0	(
(2) Dave McGill-Vice President	.25	1		1				0	0	(
(3) Joseph Sabatino - Treasurer	.25	1		1				0	0	
(4) Travis Miller - Secretary	.25	1		1				0	0	
(5) Ed Kraynok	.25	1						0	0	
(6) Phyllis baxter	30				1			10,433		
(7) Terry Hackney	.25	/						0	0	
(8) Kent Walker	.25	1						0		
(9) Anne Beardslee	.5	/						0		
(10) Jackie Burns	.25	1						0		
(11) Deidre Richie	.25	\ \ \								
(12) Susan Williams	.25	\ \ \	-				-	0		
(13) Jolynn Powers	.25				-		-	0		
(14)		✓	\vdash		-		-	0	0	(

(15) Control of the compensation of the compensation and other c	Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Em			s, an	d H	lighest Compe	nsated Empl	oyees (continued)
Marrie and title							•			•		
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Part VIII Statement of Revenue

T are		Check if Schedule	O co	ntains a re	spon	se or note to ar	ny line in this Pa	rt VIII		🗆
			-	-	·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
हे ह	1a	Federated campaigi	ns .		1a	0		77.2	5 N 10 10 10 10	
tributions, Gifts, Grants Other Similar Amounts	b	Membership dues			1b	2,100				
ع ق	C	Fundraising events		1c		0		Early Control		
Gifts, ilar An	d	Related organization	ns .		1d	0			40443	
n ig	е	Government grants	•	· · · · · · · · · · · · · · · · · · ·		524,242		ar de la company	4-6-6	
Sir	f	All other contribution								多种元素
iş e		and similar amounts no			1f	15,584				
를림	g	Noncash contribution				•				
Contributions, and Other Sim		lines 1a-1f			1g	<u> </u>	1////25/29/04/04/04/05	7.4		
0 0	<u>. n</u>	Total. Add lines 1a-	-11 .	: : :		Business Code	541,926		AMERICAN AMERICAN	Sept. Association of the sept.
يو	2a	USDA Mon Forest				110000	37,500	37,500	1/2/36:3///////3/3/4///////////////////////	0
Program Service Revenue	za b	Arthurdale Heritage I	nc	·		519100	11,568			0
gram Ser Revenue	C	US Fish and Wildlife		 PP		110000	10,000			-
E S	d	Eastern WV Commun				519100	8,750			-
gra	e	City of Elkins				519100	6,500			-
ပ္	f	All other program se	ervice	revenue		Multiple	94,947			0
_	g	Total. Add lines 2a-				<u>.</u> >	169,265	"STATE STATES OF CHEST LAND TO CHEST		
	3	Investment income	(incl	udıng dıvi	dends	, interest, and				
		other similar amoun				🕨	0			
	4	Income from investr	nent d	of tax-exen	npt bo	nd proceeds ►	0			
	5	Royalties	<u> </u>	· · · ·		<u> </u>	0	794/ " \ G8565 ///\ 324 . \$752.	**	2. 4. F. 6. 7. May 2005 2 15 17 18 17
				(ı) Rea		(II) Personal		117		
	6a	Gross rents .	6a							
	b	Less: rental expenses	6b							
	C	Rental income or (loss)		<u> </u>		<u> </u>	THE THE STATE OF THE	T. St. 1. (M) 335 172	THE THE STATE STATE OF THE STAT	125456 2 PM XIX 3575 3575
	d	Net rental income o	r (los	s) (ı) Securi	· ·	(ii) Other				Auto Hills Chillian
	. 7а	Gross amount from	•	(i) Securi		(ii) Other				
		sales of assets other than inventory	7a							
ø.	h	Less: cost or other basis			-	-				
evenue		and sales expenses .	7b							795 B 18 16 B
eve	С	Gain or (loss)	7c		`			To the second of the second		
r.	d	Net gain or (loss)				🕨	0			
Other	8a	Gross income fro	m fu	ndraising						
Ö		events (not including								
		of contributions re								
		1c). See Part IV, line			8a				100 m	
	ь	Less: direct expens			8b_		State State State			
•	С	Net income or (loss	-		ig eve	ents 🕨	9888448848884888		Alle at 150 is substituted blood for	CASAC AND SEPARA COMME
	9a	Gross income activities. See Part			9a					
	L	Less: direct expens			9b					
	D C	Net income or (loss				26	0620071111110 65550625011 183	, (P.C.) IN THE DIMENSION OF THE SECTION OF THE SEC	, (\$\(\tau_{\tau_{\text{\tin}\text{\teti}}\tint{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\text{\texi}\text{\texit{\tert{\texi}}\tint{\text{\texit{\texit{\texi}\texit{\text{\texi}\tit
•	10a	Gross sales of in	•							
	IVa	returns and allowar			10a	300		7.	det in the second	4.463
	ь	Less: cost of goods			10b				Sec.	
	С	Net income or (loss			rvento	ory >	205	205	5 0	
<u>s</u>					-	Business Code	Market Market			
Miscellaneous Revenue	11a	Expense Reimburse	ments	; 	- -		14,368	14,368	3 0	
scellaneo Revenue	b									ļ
e e	С (
địs R	d	All other revenue					<u> </u>	of the parties process of the state of the state of	Manager Andrews Control of the	5. Vol. 1885;1875;21877; Zu. 987; \$677;18878; R. P.
	e	Total. Add lines 11	_		<u>. </u>	<u> </u>	14,368			
	12	Total revenue. See	<u>ınstr</u>	uctions	<u> </u>	<u> ▶</u>	725,764	183,838	3 0	<u> </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0								
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	584,744	577,033	7,711	0					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	44,939	44,143	796	0					
11	Fees for services (nonemployees):									
а	Management	1,022	1,022	0	n					
	•		1,022	· · · · · · · · · · · · · · · · · · ·	<u>.</u>					
D	Legal	0								
C	Accounting	1,460	0	1,460	0					
d	Lobbying	0	SONIGHOUS ST. MET. 87 MINISTER TV. POST III MARK	are so and and that are seen a constant						
e	Professional fundraising services. See Part IV, line 17	0								
f	Investment management fees	0								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .	2,387	0	2,387	0					
12	Advertising and promotion	238	238	0	0					
13	Office expenses	3,627	0	3,627	0					
14	Information technology	2,535	0	2,535	0					
15	Royalties	0								
16	Occupancy	6,601		6,601	0					
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	16,227	14,604	1,623	0					
40	-	0								
19	Conferences, conventions, and meetings .	4,796	4,796	0	0					
20	Interest	0			· -					
21	Payments to affiliates	0			<u> </u>					
22	Depreciation, depletion, and amortization .	0		 .	_ 					
23	Insurance	6,125	2,562	3,563	0					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	Program Supplies	27,030	27,030	0	0					
b	NSCHC Background Checks	2,086			0					
c	Meeting Meals	3,426		774						
d	Bank Service fees									
		1,889		188						
e	All other expenses Misc	10,448		10,448						
25	Total functional expenses. Add lines 1 through 24e	719,580	677,867	41,713	0					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)									

Part X Balance Sheet

1 Cash—non-interest-bearing Beginning of year End of year			Check if Schedule O contains a response or note to any line in this F	Part X		<u> </u>
2 Savings and temporary cash investments			· · · · · · · · · · · · · · · · · · ·			
3 Pledges and grants receivable, net 98.565 3 105.857 4 Accounts receivable, net 33.394 4 33.897 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f(1)), and persons described in section 4958(f(3)(8) 0 6 0 0 7 0 7 Notes and loans receivables from other disqualified persons (as defined under section 4958(f(1)), and persons described in section 4958(f(3)(8) 0 6 0 0 7 0 8 Inventories for sale or use 420 8 335 9 1,604 9 Prepaid expenses and deferred charges 103 9 1,604 10a 10b 0 10c 0 10a 10b 0 10c 0 11 Investments – publicity traded securities 10a 10b 0 10c 0 12 Investments – other securities. See Part IV, line 11 0 12 0 13 Investments – program-related. See Part IV, line 11 0 13 10 14 10 15 0 16 Total assets. See Part IV, line 11 1 1 1 1 1 1 1 1 1		1	Cash-non-interest-bearing	9,829		8,024
4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, bulctings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 1 19 Deferred revenue 20 Tax-exempt bond liabilities 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Econs or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to urrelated third parties 23 Secured mortgages and notes payable to urrelated third parties 24 Unsecured notes and loans payable to urrelated third parties 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Notes assets with donor restrictions 29 Total seasets with donor restrictions 30 Paid or ocapital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 31 Total net assets or fund balances 31 Total net assets or fund balances 31 Total part assets or fund balances 31 Total net assets or fund balances		2	Savings and temporary cash investments	. 0		0
1		3	Pledges and grants receivable, net	98,565	3	105,967
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(6) . 0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		4	Accounts receivable, net	. 34,394	4	33,889
Controlled entity or family member of any of these persons Controlled entity or family member of any of these persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(b) Controlled entity or family member of any of these persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(b) Controlled entity or family member of any of these persons Controlled entity or family member of any o		5				
Coans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					11.	
Under section 4958(h(1)), and persons described in section 4958(c)(3)(B) .				·	5 \$\$275.45%	0
8 Inventiones for sale or use 420 8 335 9 Prepad expenses and deferred charges 3,033 9 1,604 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 0 10c 0 b Less: accumulated depreciation 10b 0 10c 0 11 Investments – publicly traded securities 0 11 0 12 0 12 Investments – other securities. See Part IV, line 11 0 13 0 0 14 Intangible assets 0 14 0 13 0 15 Other assets. See Part IV, line 11 1 15 0 14 15 0 16 Total assets. Add lines 1 through 15 (must equal line 33) 146,24 16 149,865 17 Accounts payable and accrued expenses 1,894 17 4,238 18 Grants payable 0 18 0 0 0 20 Tax-exempt bond liabilities 0 19 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 21 0 0 22 Loans and other payables to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties 0 24 0 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 0 25 Total liabilities. Add lines 17 through 25 9,122 26 11,615 26 Total liabilities and notes payable to unrelated third parties 0 22 0 0 27 Total liabilities and notes payable to unrelated third parties 0 24 0 0 28 Total liabilities and notes payable to unrelated third parties 0 24 0 0 29 Total liabilities and notes payable to unrelated third parties 0 24 0 0 29 Total liabilities and notes payable to unrelated third parties 0 24 0 0 20 Total liabilities and notes payable to unrelated third parties 0 24 0 0 20 Total liabilities and notes payable to unrelated third parties 0 24 0 0 0 0 0 0 0 0 0		6				0
10a	ş	7	Notes and loans receivable, net	0		0
10a	sse	8		. 420		385
basis. Complete Part VI of Schedule D . 10a 0 10c	۲	9	Prepaid expenses and deferred charges	. 3,035	9	1,604
b Less: accumulated depreciation 10b 0 10c 0 0 11 10c 11 1		10a				
11 Investments – publicly traded securities 0 11 0 12 0 12 10 13 10 12 10 13 10 14 15 10 14 15 10 14 16 16 16 16 16 16 17 16 18 16 17 18 18 17 18 18 18 18			· · · · · · · · · · · · · · · · · · ·			
12 Investments—other securities. See Part IV, line 11 0 13 0 13 0 14 15 15 15 15 15 15 16 16		_				
13 Investments — program-related. See Part IV, line 11 0 13 0 0 14 0 0 15 0 0 14 0 0 15 0 0 16 Total assets. See Part IV, line 11 15 0 0 16 Total assets. Add lines 1 through 15 (must equal line 33) 146,244 16 149,869 17 Accounts payable and accrued expenses 1,694 17 4,236 18 Grants payable 0 18 0 0 19 0 0 0 19 0 0 0 0 0 0 0 0 0						· · · · · · · · · · · · · · · · · · ·
14 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) 146,244 16 149,869 17 Accounts payable and accrued expenses 1,694 17 4,236 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Escrow or custodial account liability. Complete Part IV of Schedule D 10 Escrow or custodial account liability. Complete Part IV of Schedule D 10 Escrow or custodial account liability of these persons 10 Escrow or custodial account or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Net assets with donor restrictions Organizations that follow FASB ASC 958, check here ▶ ☑ 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ ☑ 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 137,122 32 138,254 33 Total liabilities and net assets/fund balances 14,989						
15 Other assets. See Part IV, line 11 15 16 16 16 16 16 16			·			
16 Total assets. Add lines 1 through 15 (must equal line 33) 146,244 16 149,869 17 Accounts payable and accrued expenses 1,694 17 4,236 18 Grants payable 0 18 0 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 0 21 0 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 0 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 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 7,428 25 7,379 26 Total liabilities. Add lines 17 through 25 9,122 26 11,615 27 Total institute of the payable to unrelated third parties 0 24 0 28 Organizations that follow FASB ASC 958, check here				·		
17					 	
18 Grants payable 0 18 0 0 19 0 0 0 19 0 0 0 0 0 0 0 0 0						
19 Deferred revenue			, ·		_	
Tax-exempt bond liabilities			, ·			
21 Escrow or custodial account liability. Complete Part IV of Schedule D						
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons						0
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 0 0 23 0 0 24 0 0 25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Ş			W 7 " MANGAMAKAI Y 1	1230	
Unsecured notes and loans payable to unrelated third parties 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	itie					
Unsecured notes and loans payable to unrelated third parties 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	jpi				22	0
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	Ę	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties	. <u> </u>	24	0
of Schedule D		25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part 3	di K		
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			of Schedule D		25	7,379
and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances 137,122 138,254 137,122 138,254 137,122 138,254 137,122 138,254		26	Total liabilities. Add lines 17 through 25	. 9,122	26	11,615
OF TOTAL HADINGO AND THE COURT OF SALES	seo	-				
OF TOTAL HADINGO AND THE COURT OF SALES	ā	27		. 137,122	27	138,254
OF TOTAL HADINGO AND THE COURT OF SALES	ä		Net assets with donor restrictions			0
OF TOTAL HADINGO AND THE COURT OF SALES	Fund		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.	W.W. mose		
OF TOTAL HADINGO AND THE COURT OF SALES	ō	29		·	29	The second secon
OF TOTAL HADINGO AND THE COURT OF SALES	ets	l	· · · · · · · · · · · · · · · · · · ·		30	
OF TOTAL HADINGO AND THE COURT OF SALES	SSI	ł .	· · · · · · · · · · · · · · · · · · ·		31	
Total Habilities and the acceptation	≥t A	32	Total net assets or fund balances	. 137,122	32	138,254
	ž	33	Total liabilities and net assets/fund balances	. 146,244	33	

Page	1	2
aye	•	-

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	1		725,764
2	Total expenses (must equal Part IX, column (A), line 25)	2		719,580
3	Revenue less expenses. Subtract line 2 from line 1	3		6,184
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		137,122
5	Net unrealized gains (losses) on investments	5		0
6	Donated services and use of facilities	6		0
7	Investment expenses	7		0
8	Prior period adjustments	8		-5,052
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10		138,254
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>
			Ye	s No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in Market	
_	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	With Samples
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or S	
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis		2b	
D	Were the organization's financial statements audited by an independent accountant?		white and the state of the stat	da simekasi
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:	tea on	a la	
	Separate basis Consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersiaht.	of	Elia Victor Schill
·	the audit, review, or compilation of its financial statements and selection of an independent account.		. 2c	
	If the organization changed either its oversight process or selection process during the tax year, e		on Was Si	
	Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in tl	he he	
	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 und	dergo ti	he	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such		3b	
			Form 9	90 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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.

20**19**

Open to Public Inspection

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization 20-0815517 Appalachian Forest Heritage Area Inc. 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 10 receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% 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, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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 III, 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). (vi) Amount of (i) Name of supported organization (u) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing other support (see support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D)

(E)

Part							
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under						
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				T		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")	467,219	449,792	449,888	572,203	539,180	2,478,282
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
•	The value of services or facilities	0	0		0	0	0
3	furnished by a governmental unit to the						
	organization without charge	2,400	2,400	2,400	2,400	2,400	12,000
4	Total. Add lines 1 through 3	469,619	Ī		-	1	2,490,282
-		405,015	432,192	432,200	£ 574,003	341,300 2632542572574	2,430,202
5	The portion of total contributions by each person (other than a	400000000000000000000000000000000000000					
	governmental unit or publicly						
	supported organization) included on					i e	•
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	alleria (Sie., Landin an					0
6	Public support. Subtract line 5 from line 4	All San	ha Sit Broken Har	Contract of the second	Mary Things of the Control of the Control	7745 (342,7198 - 1954) 1966 Shu u 252 - 1884 (311) 344	2,490,282
	on B. Total Support	CONTINUES SOURCE	Karre and and and all the transfer	Timber Pet V.D.O. 2502-minimal Courts	Iva remain opa a sa parop 4 o	The spanisher will approximately	
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	469,619452	452,192	452,288	574,603	541,580	2,490,282
8	Gross income from interest, dividends,						
	payments received on securities loans,					İ	
	rents, royalties, and income from						
	similar sources	0	0	0	0	0	0
9	Net income from unrelated business						
	activities, whether or not the business]				
	is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets					ŀ	
	(Explain in Part VI.)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	162,444	174,106	188,840		709,574
11	Total support. Add lines 7 through 10		Calling Colling Cally San	Valle of the state of the	Sel Minderary Son Son	Marine Marine State	3,199,856
12	Gross receipts from related activities, etc	-	-		· · · ·	12	903,737
13	First five years. If the Form 990 is for the organization, check this box and stop he	_					
Saati	on C. Computation of Public Suppo						<u> </u>
14	Public support percentage for 2019 (line			(1 column (f))		14	78 %
15	Public support percentage for 2019 (infe-					15	82 %
16a	331/3% support test—2019. If the organ	ization did not	check the bo	x on line 13 ai	nd line 14 is 3:		
	box and stop here . The organization qua						
b	331/3% support test-2018. If the organ	•		_			_
-	this box and stop here . The organization						
17a	10%-facts-and-circumstances test – 2	019 . If the ora	anization did r	not check a bo	x on line 13. 1	6a. or 16b. and	d line 14 is
174	10% or more, and if the organization m						
	Part VI how the organization meets the						
	organization						▶ 🗆
h	10%-facts-and-circumstances test – 2	018. If the ora	anization did r	not check a bo	ox on line 13.1	16a, 16b. or 17	a, and line
_	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization i						
	supported organization						▶ 🗆
18	Private foundation. If the organization d	id not check a	box on line 13	3, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						▶ □

Part	III Support Schedule for Organiza					· ·	
	(Complete only if you checked th						ınder Part II.
	If the organization fails to qualify	under the te	ests listed belo	ow, please co	omplete Part	II.)	· · · · · · · · · · · · · · · · · · ·
	on A. Public Support		,	1			
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						+/-
_	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				-		+/
	unrelated trade or business under section 513						
4	Tax revenues levied for the	1					1
	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			!	1		•
	organization without charge						
6	Total. Add lines 1 through 5					/	
7a	Amounts included on lines 1, 2, and 3				/	ĺ	
	received from disqualified persons .		ļ		 /		
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000					İ	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				1		
8	Public support. (Subtract line 7c from	lines e e e e e e e e e e e e e			CHARLES AND AND AND AND AND AND AND AND AND AND		
	line 6.)	and the second second					
	on B. Total Support						T
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						ļ
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less			<i>Y</i>			
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						·
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		 /	<u> </u>			
12	Other income. Do not include gain or		<i>/</i>				
,	loss from the sale of capital assets (Explain in Part VI.)	/					
13	Total support. (Add lines 9, 10c, 11,		 		 		
10	and 12.)					}	
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secor	nd, third, fourt	h, or fifth tax y	ear as a sect	ion 501(c)(3)
	organization, check this box and stop he				<u> </u>		
Sect	ion C. Computation of Public Support						
15	Public support percentage for 2019 (line						%
16	Public support percentage from 2018 Sc			<u> </u>	: · · ·	16	%
	ion D. Computation of Investment In				(0)		
17	Investment income percentage for 2019						<u>%</u>
18	Investment income percentage from 2018 331/3% support tests—2019. If the organ	o ochequie A, uzation did no	randii, iine 17 t check the bo		nd line 15 is n		
19a	17 is not more than 331/3%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp	orted organiza	ation . \blacktriangleright
b	331/3% support tests—2018. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

Part IV Supporting Organizations

(Complete only if you checked a box 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. Al	1 :	Supporting Organizations
---------------	-----	--------------------------

- 1 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 (as 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's 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.**
- c 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.)

		Yes	No
ng <i>by</i>	1		
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nd he	3a 3b		
(B)			
lf .	3c 4a		
gn <i>on</i>	4b		
on ed (B)			# V
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Part	Supporting Organizations (continued)	
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	Yes No
b	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
	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 Part VI 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	1
	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
<u>secti</u>	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 Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes No
Secu	on 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?	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 Part VI 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 Part VI the role the organization's supported organizations played in this regard.	3
Secti	on E. Type III Functionally Integrated Supporting Organizations	
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	•
с 2	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (Activities Test. Answer (a) and (b) below.	see instructions). 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b
3 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 "Ves." describe in Part VI the role played by the organization in this regard	3h

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru:	st on Nov. 20, 1970 (explair ions must complete Section	n in Part VI). See ns A through E.
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 (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount		Matter Bart State of Matter Bart State of the Control of the Contr	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	Holling Signal Silver Silver State (Sec. 25.5)	
2 Enter 85% of line 1.	2	and the second and the second	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	May 19, 30, 21, 18, 18, 18, 18, 18, 18, 18, 18, 18, 1	← B
4 Enter greater of line 2 or line 3.	4	Miller Action Miller Miller Children	
5 Income tax imposed in prior year	5	There is in the Miller Spirit in side	
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 instructions) 			g organization (see

Part	Type III Non-Functionally integrated 509(a)(3	Supporting Organi	zations (continued)	
Secti	on D-Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	mpt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
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 (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019	reise kali saka saka saka saka saka saka saka sak	Star Shari Shribar - Kilindhahi is S	in Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria
a	From 2014	Blood Allen Service (Service Service S	Maria Billion Bartis Pina Billion Bill	Maring Maring Maring Maring Maring Maring Maring Maring Maring Maring Maring Maring Maring Maring Maring Maring Maring Maring
b	From 2015 .	The state of the s		The Control of the State of the
С	From 2016	CONTRACTOR CONTRACTOR	aggi naggini Salandan kanasan kanasan kanasan. Tuu pakees Salandan Talandan Salandan kanasan kanasan kanasan kanasan kanasan kanasan kanasan kanasan kanasan	
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		+ 1881 1888 100 - 5 1246 1 800 + 1628 - 16 1 500 1 170 - 2 1	
<u>h</u>	Applied to 2019 distributable amount			VINIDA TUDOS PROFESIORS AND
i	Carryover from 2014 not applied (see instructions)			Marin San San Marin San San San San San San San San San Sa
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	3-90 S. 1 P S. 1852 May 8 MG 8 MG 8 MG 8250	<u>Managarina (na Caralleral) (na Caralleral)</u>	
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years	Manufation Affair Sec. 160 Marie 170	III.: ha e e e e e e e e e e e e e e e e e e	
b	Applied to 2019 distributable amount	Makeri Plan Black Comer Some Miller Mour	The state of the s	\$25,207,000,53,416,4155 + ++746A, 311/1167,755,00042, \$-10400 > \$41
С	Remainder. Subtract lines 4a and 4b from 4.	5524 N TOP T STEEN (15110 N TO 1814 / 170 1814 N TO 1814 N		
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	**	\$ \$ \$ \$ \$ \$ 7 \$ \$ \$ \$ \$ \$ \$ \$ \$	
7	Excess distributions carryover to 2020. Add lines 3j and 4c.	(38)		
8	Breakdown of line 7:			Salado Sala Barilla
а	Excess from 2015	Albertalia de la como de la como de la como de la como de la como de la como de la como de la como de la como d	ide Brien Gentlet Free St. Times	
b	Excess from 2016	March March State Control of the State of th	ta Miller et te la la constitue de la la la constitue de la la constitue de la la la constitue de la constitue	The state of the s
С	Excess from 2017			
d	Excess from 2018	Aller Miller Berger		
е	Excess from 2019			

Page	٤

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.)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

▶ 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	inizations Complete Part III			
	of organization			Employer ider	ntification number
Annala	achian Forest Heritage Area	Inc			20-0815517
Part	I-A Complete if the	e organization is exempt und	er section 501(c	c) or is a section 527	
1		the organization's direct and in-			
2		y expenditures (see instructions) .		▶ 9	
3		cal campaign activities (see instruc			
Part		e organization is exempt und			
1		excise tax incurred by the organiza)
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$)
3		ed a section 4955 tax, did it file For			
4a	-				Yes No
b	If "Yes," describe in Part	IV.			
Part		e organization is exempt und	er section 501(c), except section 501	(c)(3).
1	Enter the amount direct activities	ly expended by the filing organiz		527 exempt function ▶ \$	
2	Enter the amount of the 527 exempt function acti	filing organization's funds contribution	uted to other org	anizations for section	
3	Total exempt function e	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
4		n file Form 1120-POL for this year			Yes No
5	Enter the names, address organization made payme the amount of political co	ses and employer identification nui ents. For each organization listed, ontributions received that were pro I fund or a political action committe	mber (EIN) of all se enter the amount mptly and directly	ection 527 political organ paid from the filing organ delivered to a separate p	izations to which the filing ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's 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)					

Schedule C (Form 990 or 990-EZ) 2019

90	cadic o (i oiii	000 0. 000 LL, LT.					
Pa	rt II-A	Complete if the organization section 501(h)).	on is exempt u	nder section 50	1(c)(3) and file	d Form 5768 (ele	ction under
A	Check ►					iliated group memb	er's name,
		address, EIN, expenses, and					
<u>B</u> _	Check ▶				ovisions apply.	T	
			bying Expenditu			(a) Filing organization's totals	(b) Affiliated group totals
		(The term "expenditures" r				organization o totalo	
1		obbying expenditures to influence					
		obbying expenditures to influence	-		3)		
		obbying expenditures (add lines					
		exempt purpose expenditures .					
		exempt purpose expenditures (ad					
		ring nontaxable amount. Enter	the amount from	om the following	table in both		
	colum					11.7 S 1/24/2 3/24 11 3/26	*
	If the a	mount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amount	t is:		
	Not ove	er \$500,000	20% of the am	ount on line 1e			
	Over \$	500,000 but not over \$1,000,000		15% of the excess of		and the second district of	
	Over \$	1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$	1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	ver \$1,500,000		
		17,000,000	\$1,000,000				
	g Grass	roots nontaxable amount (enter 2	25% of line 1f)				
	h Subtra	act line 1g from line 1a. If zero or	less, enter -0-				
		act line 1f from line 1c. If zero or					
		re is an amount other than zer		1h or line 1, did	the organization	n file Form 4720	¬., ¬.,
	report	ing section 4911 tax for this year					Yes No
	(Son	ne organizations that made a s	ection 501(h) ele	Period Under Sec ection do not have uctions for lines	e to complete al	l of the five colum	ns below.
		Lobbyir	ng Expenditures	During 4-Year Av	veraging Period		
	Cal	lendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
- 2	2a Lobby	ying nontaxable amount					
		ying ceiling amount 6 of line 2a, column (e))					
	c Total	lobbying expenditures					
	d Grass	croots nontaxable amount					
		croots ceiling amount 6 of line 2d, column (e))					
	f Grass	sroots lobbying expenditures					

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For a	each "Yes" response on lines 1a through 1ı below, provide ın Part IV a detailed		a)		(b)	
	ription of the lobbying activity.	Yes	No	A	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a	Volunteers?	✓				
b	Media advertisements?	-	1			19470
d	Mailings to members, legislators, or the public?	1	•			30
e	Publications, or published or broadcast statements?	<u> </u>	1			
f	Grants to other organizations for lobbying purposes?		1			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	1				0.0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓			
i	Other activities?	✓				1,77
j	Total. Add lines 1c through 1i	建筑				2,07
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓			1. 1911
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .			IIIII IIII III III III II	23404040464	a chemilant
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\(\(\(\) \)				
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5),	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	<u> </u>	<u> </u>
_3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		•			<u> </u>
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" 0 answered "Yes."		Part		line 3	}, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	s of	2a	•		
a b	Carryover from last year	• •	2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	f the sying				
·æ	and political expenditure next year?		4			
5 Par	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	5			
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated greenstructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	t); Par	t II-A, I	ines 1	and
	•				-	
	,					

Schedule C (Form	990 or 990-EZ) 2019 Pa	ge 4
Part IV	Supplemental Information (continued)	
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	,	

SCHEDULE D (Form 990)

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. OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization Appalachian Forest Heritage Area Inc. 20-0815517 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 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 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 (for example, recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure ☐ 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. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB 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: 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 FASB ASC 958 relating to these items:

Part							
. 3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	ner records,	check any of the	following that make s	significant use of its	
а	☐ Public exhibition		d □ l	oan or exchange.	program		
b	Scholarly research		e 🗌 (Other			
4			nd explain h	ow they further th	he organization's exer	not purpose in Part	
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose XIII.							
5	During the year, did the organization	solicit or receive	donations of	art, historical tre	asures, or other similar	ar 🗆 Waa 🗆 Na	
	assets to be sold to raise funds rather		ined as part	or the organizatio	n's collection?	☐ Yes ☐ No	
Part	Complete if the organization 990, Part X, line 21.	answered "Yes'					
1a	Is the organization an agent, trustee included on Form 990, Part X?						
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the follow	ing table:		mount	
	Decree by balance					inount	
C	Beginning balance				1c		
d	Additions during the year				1e		
e	Distributions during the year .				1f	 	
f	Ending balance			for economy or our		/? Yes No	
2a	If "Yes," explain the arrangement in P	art VIII. Chook bor	if the expla	nation has been r	stoulal account liability	/: Li les Li No	
		art Alli. Check fiere	e ii trie expia	nation has been p	novided on Fart Air .	<u></u>	
Par	Endowment Funds. Complete if the organization	onewored "Vee"	on Form C	00 Part IV line	10		
	Complete if the organization	(a) Current year	(b) Prior ye			k (e) Four years back	
4-	Danisan of war balance	(a) Current year	(b) Filor ye	(C) TWO years	back (d) Thee years bac	(e) rour years back	
1a	Beginning of year balance	-					
b	Contributions					 	
С	Net investment earnings, gains, and losses						
						 -	
d	Grants or scholarships					-	
е	Other expenditures for facilities and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of			ne 1g, column (a))	held as:		
а	Board designated or quasi-endowme	nt ▶	%				
b	Permanent endowment ▶						
С	Term endowment ▶%						
	The percentages on lines 2a, 2b, and						
3a	Are there endowment funds not in the	e possession of th	ie organizati	on that are held a	ind administered for the		
	organization by:					Yes No	
	(i) Unrelated organizations					3a(i)	
						3a(ii)	
b	If "Yes" on line 3a(II), are the related of					3b	
4	Describe in Part XIII the intended use		on's endown	ient funds.			
Par	VI Land, Buildings, and Equip			000 D- + N/ 1'	44 - 0 5 000	D=4 V U== 40	
	Complete if the organization						
	Description of property	(a) Cost or ot (investm	1 ' '	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land			i i			
b	Buildings						
c	Leasehold improvements						
d	Equipment						
e	Other			****			
	Add lines 1a through 1e. (Column (d) i	nust equal Form 9	90. Part X. c	olumn (B), line 10	c.)		

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 9	990, Part X, line 12.
<u> </u>	(a) Description of security or category (including name of security)	(b) Book value	, ,	od of valuation f-year market value
(1) Financial				
• •	neld equity interests		•	
(3) Other	·····			
(A)	······			
(B)				
		}		
(F) (G)				
(H)				·· ···· ·
\	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		en en en en en en en en en en en en en e	
Part VIII	Investments—Program Related.	l ————	<u> </u>	arena - Sanange (minanga) asin sa mpanas gumpatan (ari ka ka
. qi c viii	Complete if the organization answered "Yes" on For	m 990. Part IV. lin	e 11c. See Form 9	990. Part X. line 13.
	(a) Description of investment	(b) Book value		od of valuation
	(a) becompation of investment	(b) Book value		f-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.	000 0 1841	4410 5	200 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form 9	· · · · · · · · · · · · · · · · · · ·
(4)	(a) Description			(b) Book value
(1)				· -
(3)				
(4)				
				
(5) (6)				<u> </u>
(7)				
(8)				·
(9)				· · · · · · · · · · · · · · · · · · ·
	mn (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.		<u> </u>	·
	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal ır				6,806
(2) PHCWPI				573
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25)	<u> </u>	<u> ▶ </u>	<u>7,</u> 379
2. Liability for	r uncertain tax positions. In Part XIII, provide the text of the footn			

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.
•	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		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.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.	
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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b .	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	Maria da
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	And the
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
	XIII Supplemental Information.		. 5
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additionari	mormation.
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chedule D (For		Page 5
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Appalachian Forest Heritage Area Inc	20-0815517
990-XI 8 - Cumulative adjustments to balance sheet entries by Accountant for previous period	
990-VI C18&19 - Documents on file at the organizational office, and available via email to anyone who asks	
990-VI B 12C - Board Personnel Committee were regularly updated on any potential conflicts of interest ac	
990-VI B 11b- 990 is made available to Board members via Cloud Drive prior to submission.	
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