Form	990
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527	, or 4947(a)(1) of the Internal Revenue	e Code (except private foundations)
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2014

		the Treasury ue Service	▶ Do not e	nter social security numbers on the interna- tion about Form 990 and its instru	his form as it may be ma	ade public.	Open to Public Inspection
<u>A</u>	For the	e 2014 calenda	ar year, or tax year begi	nding	, 20		
В	Check if	applicable:	C Name of organization APP	ALACHIAN VOICES	na mana kana kana kana kana kana kana ka		D Employer identification no
	Address	change	Doing business as				56-2049956
	Name ch	ange	Number and street (or P.O.	box if mail is not delivered to street address)		Room/suite	E Telephone number
	Initial retu	urn	171 GRAND BOULE	VARD			(828) 262-1500
	Final retu	rn/terminated	City or town, state or provine	e, country, and ZIP or foreign postal code		· · · · · · · · · · · · · · · · · · ·	2,059,936
	Amended	ł return	Boone, NC 28607				G Gross receipts\$
	Applicatio	on pending	F Name and address of princip	oal officer:			
						H(a) Is this a group subordinates?	return for Ves X No
1	Tax-exen	npt status: 🛛 🛛	501(c)(3) 501(c) () (Insert no.)	527		
J	Website:		VOICES.ORG			If "No," a H(c) Group exemp	linates included? Yes No attach a list. (see instructions) tion number
ĸ	Form of a	organization: 🛛	Corporation Trust As	sociation Other ►	L Year of formation: 1		legal domicile: NC
Pa	art I	Summary	/			•	
	1	Briefly describ	be the organization's missi	on or most significant activities:	To bring people to	ogether to prot	ect the land.
				l southern Appalachia. To e			
nce				aritage by providing them w			
ma			l grassroots campai				
Activities & Governance	2			n discontinued its operations or dispos	sed of more than 25% of it	s net assets.	
ğ	3			ning body (Part VI, line 1a)		1	3 11
8 8	4			s of the governing body (Part VI, line	(b)		4 11
⁄itie	5			calendar year 2014 (Part V, line 2a)			5 24
cti	6		of volunteers (estimate if r				6 280
۲	7a		,	Part VIII, column (C), line 12			7a 0
	ь		business taxable income	For Form 000 T line 24			7b 0
					<u> </u>	Prior Year	Current Year
	8	Contributions :	and grants (Part VIII, line	lh)	-	1,419,9	
пе	9		ice revenue (Part VIII, line	-		1,415,3	2,033,374
Revenue	10	-	come (Part VIII, column (A			1,6	3,647
Re	11			es 5, 6d, 8c, 9c, 10c, and 11e)	· · · · · · · · · · · · · · +	15,0	
	12			nust equal Part VIII, column (A), line	12)	1,436,6	
	13		milar amounts paid (Part I)		· <i>∠</i>) · · · · · · · · ·	1,430,0	0
	14		to or for members (Part IX,		•••••		0
	15	-	•	benefits (Part IX, column (A), lines 5		962,4	
ses			undraising fees (Part IX, co		-,0)	502,4	1,098,081
cpenses			ing expenses (Part IX, colu		97,253		
Ä			es (Part IX, column (A), line			431,6	545 389,317
				equal Part IX, column (A), line 25)	· · · · · · · · · · · · · ·	1,394,1	
			expenses. Subtract line 1		· · · · · · · · · · · · ·	42,5	
r se					<u></u>		
Net Assets or Fund Balances	20	Total assets (F	Part X line 16)			Beginning of Current Ye 546, 8	-
Ass Ass	21	•	. ,			42,1	
Punet	22		fund balances. Subtract lin			504,6	
	rt II	Signatur			•••••	504,0	1,0/9,149
Under	penalties	of perjury, I declar	re that I have examined this retu	m, including accompanying schedules and sta	tements, and to the best of my k	nowledge and belief, it is	······
rue, c	orrect, an	d complete. Declar	ration of preparer (other than offi	cer) is based on all information of which prepa	rer has any knowledge.		
			VIKNIUS M	we R. UL			10-28-201
Sig	n	Signature	V/ · ·			[ate
Her	e	MAYA V	VIKNIUS, CONTROLLER	8			
	•	— ——	rint name and title	•		· · · · · · · · · · · · · · · · · · ·	
	1	Print/Type prepa		Preparer's signature	Date	Check if	PTIN
Paie	b	MISTY WAT			10-28-2015		PIN P01210041
	parer	Firm's name		ATSON CPA PA	<u>F0.50-5010</u>	self-employed	FUTSTOOAT
	Only						
	- Uniy	Linna addreas	Boone NC			Phone no.	263-1100
May	he IPS	discuse this rat					263-1100
nay		a,aaaaa u lla 160	an marine preparer show				🛛 Yes 🗌 No

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Pa	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	To bring people together to protect the land, air and water of central and southern		
	Appalachia. To empower people to defend our region's rich natural and cultural heritage by		
	providing them with tools and strategies for successful grassroots campaigns.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 657,353 including grants of \$) (Revenue	\$ 3	74,760)
ia	Eliminate Fossil Fuels' Externalities: Internalized the pollution and waste disposal costs	¢	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	throughout the production and use of fossil fuels for electricity generation that are passed		
	on to the public in the form of air and water pollution, habitat destruction and increased		
	health costs.		
4b	(Code:) (Expenses \$514,237 including grants of \$) (Revenue	\$4	39,808)
	Shift Investments to Clean Energy: Promoted policies and strengthened efforts to hasten a		
	transition to clean energy sources that support rather than destroy the natural and cultural		
	heritage of the Appalachian mountain region, and opposed major new investments in fossil		
	fuel-generated electricity that would lock us into decades of continued fossil fuel use and		
	discourage renewable energy and energy efficiency gains.		
4c	(Code:) (Expenses \$153,048 including grants of \$) (Revenue	\$	26,506)
	Build Awareness of Regional Issues: Continued to produce and publish the Appalachian Voice		
	newspaper, distributed throughout our region, to build awareness of environmental threats and opportunities to transition to sustainable energy and economic alternatives.		
	Other program convisors (Describe in Schedule Q.)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,324,638	1	
	· • ·		

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Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
Ũ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
h	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<u> ^ </u>
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a				
120	Schedule D, Parts XI and XII	12a	X	
h		12a		
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		X
12		. 120		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a		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	4.45		X
45	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			X
40	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		X
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		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
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		X
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		X
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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
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	X	
EEA		Form	n 990 (2014)

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance				_
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	a 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	Х	
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 2	a 24			
b			2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		00		
чα	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?		4a		X
h			4a		
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts				
_	(FBAR).		-		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	k l			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as re	quired?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	•	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
-	sponsoring organization have excess business holdings at any time during the year?		8		Х
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter:		00		
	Initiation fees and capital contributions included on Part VIII, line 12				
a h					
b					
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
10	against amounts due or received from them.)	D	40		
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	2D			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand	c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7	b below, and for a "No) "		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI				Х
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 11			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				<u> </u>
74	one or more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		14		<u> </u>
b	stockholders, or persons other than the governing body?		7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		70	~	
0	the year by the following:				
0			80	Х	
a h	The governing body?		8a 8b	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		00	Λ	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		9		x
<u>Soc</u>	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	····	9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		N/s s	
100	Did the ergenization have lead chapters branches or affiliates?		10a	Yes	No X
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,		106		
110	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	Х	├───
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the		11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	<u>^</u> X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?	12b	^	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		10	v	
	describe in Schedule O how this was done		12c	X	├
13	Did the organization have a written whistleblower policy?		13	<u>X</u>	<u> </u>
14	Did the organization have a written document retention and destruction policy?		14	Х	
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?			V	
а	The organization's CEO, Executive Director, or top management official		15a	Х	V
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c))(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p	oolicy, and			
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	•			
	SUSAN CONGELOSI (828)262-1500, 171 GRAND BLVD, Boone, NC 28607				

Form 990 (201	4) APPALACHIAN VOICES	56-2049956	Page 7					
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	Employees, and						
	Independent Contractors		_					
	Check if Schedule O contains a response or note to any line in this Part VII							
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.								

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

· List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an				Reportable Reportable		Estimated		
	hours per week (list any	offic	er an	d a di	recto	r/trustee)	compensation from	compensation from related	amount of other
	hours for related	9 .	ਤ	Q	Ā	९⊥	F	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-1013C)	organization
	below dotted line)	tor tru	onalt		nploye	t com				and related organizations
		Istee	truste		e	pens				
			e			ated				
(1) KIM_GILLIAM	5.00									
CHAIR		X		X				0	0	0
(2) LANDRA LEWIS	5.00							_		_
	E 00	X		X				0	0	0
(3) KATHY SELVAGE TREASURER	5.00 _	Х		X				0	0	0
(4) DOT GRIFFITH	5.00									
SECRETARY		X		X				0	0	0
(5) THOMAS CORMONS	40.00	V								
	0.00	X				Х		70,351	0	0
(6) MARY ANNE HITT BOARD MEMBER	2.00	х						0	0	0
(7) SILAS HOUSE	2.00							0	0	0
BOARD MEMBER		X						0	0	0
(8) RICK PHELPS	2.00									
BOARD MEMBER		X						0	0	0
(9) LAUREN WATERWORTH	2.00	x								
BOARD MEMBER (10) CLARA BINGHAM	2.00	^						0	0	0
BOARD MEMBER		Х						o	0	0
(11) CHRISTINA HOWE	2.00									.
BOARD MEMBER		X						0	0	0
(12) PAT HOLMES	2.00									
BOARD MEMBER		X						0	0	0
(13) BUNK SPANN	2.00									<u>^</u>
BOARD MEMBER		X						0	0	0
(14)										
	1							1	I	L

Form 990 (2014) APPALACHIAN VOICES									56-2049956		Page 8
Part VII Section A. Officers, Directors, Trustees, H	Key Employee	s, and	Higl			mpens	sated	d Employees (cont	inued)		
(A)	(B)			(C Posi				(D)	(E)	(F)	
(م) Name and title	(B) Average					nan one		(D) Reportable	(E) Reportable	(F) Estimate	d
	hours per			•		both an /trustee)		compensation	compensation from	amount	
	week (list any					,		from	related	other	
	hours for related	r dire	ıstitu	Officer	ey e	mplo	Former	the organization	organizations (W-2/1099-MISC)	compensa from th	
	organizations	dual	tiona	ſ	Key employee	st co yee		(W-2/1099-MISC)		organiza	tion
	below dotted line)	Individual trustee or director	Institutional trustee		yee	mpe				and relat organizati	
		ee	stee			Highest compensated employee					
						ed					
(15)											
(16)											
<u>(17)</u>											
<u>(18)</u>											
<u>(19)</u>											
(20)											
<u>(21)</u>											
(22)											
(23)											
<u>(24)</u>											
<u>(25)</u>											
1b Sub-total							▶ ▶				
c Total from continuation sheets to Part VII, Section	۹										
d Total (add lines 1b and 1c)								70,351	0		0
2 Total number of individuals (including but not limited	to those listed	above) who	o rec	eive	ed more	e tha	an \$100,000 of			
reportable compensation from the organization	•								0		
3 Did the organization list any former officer, director	or or trustee		nlov	00	or h	iabost	con	nnensated		Yes	No
employee on line 1a? If "Yes," complete Schedule J		•				-				3	X
4 For any individual listed on line 1a, is the sum of repo											
organization and related organizations greater than S											
individual			•							4	X
5 Did any person listed on line 1a receive or accrue co					d or	ganiza	ation	or individual			
for services rendered to the organization? If "Yes," c	omplete Sched	dule J f	or su	ich p	erso	on				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest compensate											
compensation from the organization. Report compen-	nsation for the	calenda	ar ye	ear e	ndin	g with	or w	ithin the organizatio	on's tax		
year(A)								(B)		(C)	
Name and business address	3							Description of	services	Compensati	on
2 Total number of independent contractors (including t			e liste	ed a	bove	e) who					
received more than \$100,000 of compensation from	the organization	on									

received more than	\$100,000 of compensation from the organization	
received more man		

Form 99	0 (201	14) APPALACH	IIAN VOICES					56-2049956	Page 9
Part \	/111	Statement of Revenue	Э						
		Check if Schedule O contain	s a response oi	note	e to any line in this	Part VIII			
			·		·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns		1a					
ts	b	Membership dues		1b	45,656				
our	c	Fundraising events		1c	10,619	-			
A A B C A	d	Related organizations		1d	10,013	-			
aifts llar				-		-			
S. Million	e	Government grants (contributio		1e		-			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gra			4 077 000				
Oth		and similar amounts not includ		1f	1,977,099	-			
nd (g	Noncash contributions included			3,054				
<u><u></u> <u></u></u>	h	Total. Add lines 1a-1f		••		2,033,374			
					Business Code				
nue	2a								
eve	b								
9	с								
Servi	d								
Program Service Revenue	e								
ogra	f	All other program service revenue	Je						
ā	a	Total. Add lines 2a-2f							
		Investment income (including dividends, interest, and other similar amounts)			•	3,647			3.647
	4	Income from investment of tax-e			ds 🕨	0,0 11			0,011
		Royalties		0000	uo >				
	0-	Crean rests	(i) Real		(ii) Personal	-			
		Gross rents				-			
		Less: rental expenses				-			
		Rental income or (loss)							
	d	Net rental income or (loss)		•••	•				
	7a	Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other	-			
	b	Less: cost or other basis and sales expenses							
		Gain or (loss)				-			
		Net gain or (loss)			•	-			
¢)		Gross income from fundraising			, , , , , , , , , , , , , , , , , , ,				
Other Revenue		•	10,619						
eve		events (not including \$		-					
л К		of contributions reported on line		_					
)the	Ι.	See Part IV, line 18		a		-			
0		Less: direct expenses		b	L	_			
		Net income or (loss) from fundra	-	••	· · · · · · · · · · · · · · · · · · ·				
	9a	Gross income from gaming activ							
		See Part IV, line 19		а		_			
		Less: direct expenses		b					
	с	Net income or (loss) from gamin	g activities		····· •				
	10a	Gross sales of inventory, less returns and allowances		а					
	b	Less: cost of goods sold		b		1			
		Net income or (loss) from sales			►				
	<u> </u>	Miscellaneous Revenue			Business Code				
	112	ADVERTISEMENTS			511120	9,801	9,801		
		MISCELLANEOUS INCOME			900099	13,114	13,114		
					300033	13,114	13,114		
	C				<u> </u>				<u> </u>
		All other revenue			L	00.047			
		Total. Add lines 11a-11d				22,915	<u> </u>	-	• • <i>i</i> =
	12	Total revenue. See instruction	s		. 🕨	2,059,936	22,915	0	3,647

APPALACHIAN VOICES

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any	line in this Part IX		·····	
	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
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	70,351	42,789	13,854	13,708
	Compensation not included above, to disqualified	- ,	7	- ,	-,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	878,844	795,817	33,521	49,506
	Pension plan accruals and contributions (include	,			,
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	65,013	61,657	1,286	2,070
	Payroll taxes	81,873	72,105	4,425	5,343
	Fees for services (non-employees):	,	,		,
	Management				
	Legal	14,400	14,400		
	Accounting	3,750	,	3,750	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
g (Other. (If line 11g amount exceeds 10% of line 25, column				
((A) amount, list line 11g expenses on Schedule O.)	12,022	11,797		225
	Advertising and promotion	2,252	1,825		427
3 (Office expenses	7,799	6,706	305	788
	nformation technology	·			
5 F	Royalties				
6 (Cocupancy	70,376	65,017	2,232	3,127
7 1	Travel	82,827	72,917	584	9,326
8 F	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9 (Conferences, conventions, and meetings	10,416	10,032	160	224
0 I	nterest				
:1 F	Payments to affiliates				
2 [Depreciation, depletion, and amortization	7,436	6,543	372	521
	nsurance	2,635	1,798	694	143
	Other expenses. Itemize expenses not covered	·			
	above (List miscellaneous expenses in line 24e. If				
	ine 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	BANK CHARGES	1,426	1,262	69	95
-	CONTRACT LABOR	37,386	37,386		
-	CONTRIBUTIONS	5,837	5,837		
-	DUES AND SUBSCRIPTIONS	3,161	3,161		
-	All other expenses	127,594	113,589	2,255	11,750
	Total functional expenses. Add lines 1 through 24e	1,485,398	1,324,638	63,507	97,253
	Joint costs. Complete this line only if the	.,,	.,		01,200
c	organization reported in column (B) joint costs				
	from a combined educational campaign and				
f	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

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orm 990 ((2014)

		Check if Schedule O contains a response or note to any lin	ne in this Part X				
\square					(A)		(B)
T					Beginning of year		End of year
	1	Cash - non-interest-bearing			92,315	1	111,268
	2	Savings and temporary cash investments	254,592	2	780,044		
	3	Pledges and grants receivable, net	166,522	3	192,228		
	4	Accounts receivable, net	4,305	4	7,31		
	5	Loans and other receivables from current and former office	ers, directors,		· · · · ·		
		trustees, key employees, and highest compensated emplo	oyees.				
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as	defined under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and con		1			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary					
		organizations (see instructions). Complete Part II of Schedule L	-			6	
	7	7 Notes and loans receivable, net				7	
	8	Inventories for sale or use		-		8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	56,264			
	b	Less: accumulated depreciation	10u	33,858	21,953	10c	22,40
	11	Investments - publicly traded securities		00,000	21,000	11	22,10
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	7,120	15	6,17		
	16	Total assets. Add lines 1 through 15 (must equal line 34			546,807	16	1,119,434
	17	Accounts payable and accrued expenses			42,196	17	40,28
	18	Grants payable		-	42,100	18	40,20
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability. Complete Part IV of S		-		21	
	22	Loans and other payables to current and former officers, di				21	
	~~	trustees, key employees, highest compensated employees					
						22	
	23	Secured mortgages and notes payable to unrelated third p		-		23	
	23 24	Unsecured notes and loans payable to unrelated third part		•		23	
	24 25	Other liabilities (including federal income tax, payables to m				24	
	25	parties, and other liabilities not included on lines 17-24). Co					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			42,196	26	40,28
	20				42,190	20	40,20
		Organizations that follow SFAS 117 (ASC 958), check he complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			209,256	27	853,50
	27 28	Temporarily restricted net assets			209,250	28	225,64
	28 29	Permanently restricted net assets		-	230,000	20	220,04
	29	-		and		23	
		Organizations that do not follow SFAS 117 (ASC 958), cl complete lines 30 through 34.					
	30					30	
	30 31					30	
	31	Paid-in or capital surplus, or land, building, or equipment fu		•		-	
	22	Potoinad comings and umant accumulated income	sthar funda				
	32 33	Retained earnings, endowment, accumulated income, or or Total net assets or fund balances			504,611	32 33	1,079,149

Form 990 (2014)

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Par	rt 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	2,	059,93	36
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,4	485,39	.
3	Revenue less expenses. Subtract line 2 from line 1	3		574,5	38
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		504,6	j 11
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,0	079,14	19
Par	rt XII Financial Statements and Reporting	· ·			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X 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 oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Depa	rtment	of the Treasury		Attac	ch to Form 990 or Form 9	990-EZ.			Open to Public
		venue Service	Information about	out Schedule A (Form	n 990 or 990-EZ) and its insti	ructions is a	t www.irs.gov/		Inspection
		organization						Employer identifica	ition number
_		CHIAN VOICES						56-2049956	
Pa					inizations must com	•	s part.) Se	e instructions.	
	orgar	•			through 11, check only or	,	A \ / A \ / \		
1	Н				urches described in section	on 170(b)(1)(A)(I).		
2	H		ed in section 170(b)			70/L\/4\/A\	/····\		
3	H	•	• •	0	n described in section 17		· /		
4			•	rated in conjunctio	n with a hospital describ	ed in secti	on 170(d)(1)	(A)(III). Enter the	
~		hospital's name, o						ale e avile e al in	
5		•		•	versity owned or operated	i by a gove	mmental uni	described in	
6)(A)(iv). (Complete F		wit described in section (170/6//1//			
6 7	X		•	-	init described in section ?		, , ,	apporal public	
7		-	-		f its support from a govern	imentai uni	t or from the	general public	
8			tion 170(b)(1)(A)(vi). st described in section	· ·	,				
9	Н				/3% of its support from co	ntributione	momborchir	foos and gross	
3		•	•		ject to certain exceptions,			•	
		•		•	ness taxable income (less	.,			
		•			section 509(a)(2). (Comp			4311103303	
10			•		test for public safety. See				
11	П	•	•		e benefit of, to perform the			out the nurnoses of	
••		-	•	•	d in section 509(a)(1) or s		-		
		•	<i>y</i> 11 0		supporting organization a				
	а		•	••	ised, or controlled by its			•	ina
					opoint or elect a majority o				0
			. You must complete	• • •					
	b		•		ntrolled in connection with	th its supp	orted organi	zation(s), by having	1
		• •		•	vested in the same perso		•	.,	
			(s). You must compl		•				
	с		., .		zation operated in conne	ection with,	, and functio	nally integrated with	h,
					u must complete Part IV,				
	d	Type III non-	functionally integrate	ed. A supporting or	rganization operated in c	onnection	with its supp	oorted organization	(S)
		that is not fun	ctionally integrated. T	The organization ger	nerally must satisfy a distri	ibution requ	uirement and	an attentiveness	
		requirement	(see instructions). Y	ou must complete	Part IV, Sections A and	D, and Pa	rt V.		
	е	Check this bo	ox if the organization r	eceived a written de	etermination from the IRS	that it is a T	Гуре I, Туре	II, Type III	
		functionally in	tegrated, or Type III r	non-functionally inte	grated supporting organization	ation.			
	f	Enter the number	of supported organiz	ations					
	g	Provide the follow	ving information about	t the supported orga	anization(s).				
	(i) Name of supported or	ganization	(ii) EIN	(iii) Type of organization	(iv) Is the o	0	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-9 above or IRC section	listed in you docum	ur governing	support (see instructions)	other support (see instructions)
					(see instructions))	uocun		instructions)	instructions
						Yes	No		
(A)									
(~)									
(B)									
(0)									
(C)									
(0)									
(D)									
<u> </u>									
(E)									

Total

2014

Sched		LACHIAN VOICES				56-2049956	Page 2
Pa	· · · · · · · · · · · · · · · · ·				. , ,		
	(Complete only if you chec						under
	Part III. If the organization	fails to qualify u	inder the tests	listed below, pl	ease complete	e Part III.)	
Sec	tion A. Public Support					1	
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")	1,354,176	1,551,660	1,250,296	1,415,461	2,030,321	7,601,914
2	Tax revenues levied for the						
2	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,354,176	1,551,660	1,250,296	1,415,461	2,030,321	7,601,914
5	The portion of total contributions by	1,334,170	1,551,000	1,230,230	1,413,401	2,030,321	7,001,314
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
							4 050 700
•	shown on line 11, column (f)						1,053,790
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						6,548,124
	tion B. Total Support	() 22(2	(1) 22/1	() 22/2	()) 00 (0	() 22()	(n =
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	1,354,176	1,551,660	1,250,296	1,415,461	2,030,321	7,601,914
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	3,639	2,839	2,066	1,651	3,647	13,842
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	18,430	22,721	18,202	2,261	1,002	62,616
11	Total support. Add lines 7 through 10 .						7,678,372
12	Gross receipts from related activities, etc. (see	e instructions)				12	
13	First five years. If the Form 990 is for the or	rganization's first, s	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	(3)	_
	organization, check this box and stop here		<u></u>				
Sec	tion C. Computation of Public Supp	ort Percentage					
14	Public support percentage for 2014 (line 6, co	lumn (f) divided by l	ine 11, column (f))			14	85.28 %
15	Public support percentage from 2013 Schedu	lle A, Part II, line 14				15	98.80 %
16a	33 1/3% support test - 2014. If the organization	ation did not check	the box on line 13,	and line 14 is 33 1	1/3% or more, che	ck this	
	box and stop here. The organization qualifi	es as a publicly su	oported organization	on			► X
b	33 1/3% support test - 2013. If the organization	ation did not check	a box on line 13 or	16a, and line 15 is	s 33 1/3% or more) ,	
	check this box and stop here. The organization	ation qualifies as a	publicly supported	organization .			
17a	10%-facts-and-circumstances test - 2014. I	f the organization of	did not check a box	on line 13, 16a, o	r 16b, and line 14	is	
	10% or more, and if the organization meets	the "facts-and-circ	cumstances" test, o	check this box and	stop here. Explair	n in	
	Part VI how the organization meets the "facts	-and-circumstances	" test. The organizat	tion qualifies as a pu	ublicly supported		
	organization		-				
b	10%-facts-and-circumstances test - 2013. I				6b, or 17a, and lin	e	
	15 is 10% or more, and if the organization	-					
	Explain in Part VI how the organization meets				•		
18	Private foundation. If the organization did n				this box and see		
-	instructions						
						Cabadula A (Farm	000 07 000 57) 2014

Schedule A (Form 990 or 990-EZ) 2014

Schee	dule A (Form 990 or 990-EZ) 2014 APPA	LACHIAN VOICES	8			56-2049956	Page 3
Pa	rt III Support Schedule for Orga	nizations Desc	ribed in Section	on 509(a)(2)			
	(Complete only if you chec	ked the box on	line 9 of Part	I or if the organ	nization failed t	to qualify under	Part II.
	If the organization fails to o	ualify under the	e tests listed b	elow, please c	omplete Part I	l.)	
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or bus. under sec 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5						
7a							
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	ction B. Total Support	(-) 2010	(h) 0044	(-) 0040	(-1) 0040	(-) 2014	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						+
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the or			•	,	:)(3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2014 (line 8, col	•				15	%
16	Public support percentage from 2013 Schedul					16	%
_	tion D. Computation of Investment I					1 1	
17	Investment income percentage for 2014 (lin		-			17	%
18	Investment income percentage from 2013 S	chedule A, Part III	, line 17			18	%
19a	33 1/3% support tests - 2014. If the organization						、
	17 is not more than 33 1/3%, check this box	and stop here. Th	e organization qu	alifies as a publicly	y supported organ	ization	▶∐
b	33 1/3% support tests - 2013. If the organization						、
	line 18 is not more than 33 1/3%, check this		-			-	₹Ц
20	Private foundation. If the organization did no	ot check a box on I	ine 14, 19a, or 19	b, check this box a	and see instructior	ns	. ▶∐

SCHEDULE C	Po	litical Campaign and Lobb	ving Activitie	es		OMB No. 1545-0047
(Form 990 or 990-EZ)		tions Exempt From Income Tax Under s				2014
	-	rganization is described below.	 Attach to Forn 		990-EZ	Open to Public
Department of the Treasury Internal Revenue Service		out Sch. C (Form 990 or 990-EZ) and its			50 LZ.	Inspection
 Section 501(c)(3) org Section 501(c) (othe Section 527 organization Section 527 organization Section 501(c)(3) org Section 501(c)(3) org If the organization answer Tax) (see separate instrution Section 501(c)(4), (5 Name of organization APPALACHIAN VOIC 	ganizations: Complete F r than section 501(c)(3) ations: Complete Part I-, red "Yes," to Form 990 ganizations that have file ganizations that have No red "Yes," to Form 990 ctions), then), or (6) organizations: C	, Part IV, line 4, or Form 990-EZ, Part V ed Form 5768 (election under section 501 OT filed Form 5768 (election under sectio , Part IV, line 5 (Proxy Tax) (see separa Complete Part III.	below. Do not con , line 47 (Lobbying (h)): Complete Part n 501(h)): Complete te instructions) or F	Activities), ther II-A. Do not cor Part II-B. Do n Form 990-EZ, P	n mplete Part iot complete art V, line 39 Employer i 56-20499	Part II-A. 5c (Proxy identification number 56
· · · ·		ation is exempt under section 5		ection 527 or	rganizatic	on.
	•	direct and indirect political campaign activi	ities in Part IV.		▶ \$	
•					Φ	
· · · · · · · · · · · · · · · · · · ·		ation is exempt under section 5	01(c)(3).			
	•	by the organization under section 4955			► \$	
		by organization managers under section			► \$	
3 If the organization ir4a Was a correction m		ax, did it file Form 4720 for this year?				☐ Yes ☐ No ☐ Yes ☐ No
b If "Yes," describe in			••			
<u> </u>		ation is exempt under section 5	01(c), except s	ection 501(c)(3).	
· · · · · ·		filing organization for section 527 exempt				
activities					▶ \$	
		funds contributed to other organizations	for section			
					▶ \$	
		es 1 and 2. Enter here and on Form 1120)-POL,			
		-POL for this year?			▶ ⊅	Yes No
• •		identification number (EIN) of all section		ations to which	the filina	
		anization listed, enter the amount paid fro			-	
		d that were promptly and directly delivere				
as a separate segre	egated fund or a political	action committee (PAC). If additional spa	ace is needed, provi	ide information i	in Part IV.	
(a) Nam	e	(b) Address	(c) EIN	(d) Amount filing orgar funds. If none	ization's	(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)						
			1	1	O sh s d	L

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

Schedule C (Form 990 or 990-EZ) 2014

Scheo	ule C (Form 990 or 990-EZ) 2014 APPALACHIAN VOIC		56-2049956	
Pa	rt II-A Complete if the organization is e	exempt under section 501(c)(3) and filed Forn	n 5768 (election ur	nder
	section 501(h)).			
A (Check $ig ho$ if the filing organization belongs to an a	ffiliated group (and list in Part IV each affiliated group memb	er's	
	name, address, EIN, expenses, and sh	are of excess lobbying expenditures).		
в	Check Check I if the filing organization checked box A	and "limited control" provisions apply.		
	Limits on Lobbying	Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" means	amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opinion	(grass roots lobbying)	3,664	
b	Total lobbying expenditures to influence a legislative be	7,311		
С	Total lobbying expenditures (add lines 1a and 1b)	10,975		
d	Other exempt purpose expenditures	1,474,423		
е	Total exempt purpose expenditures (add lines 1c and	1,485,398		
f	Lobbying nontaxable amount. Enter the amount from t			
	columns.		223,540	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of line 1f)		55,885	
h	Subtract line 1g from line 1a. If zero or less, enter -0-			
i	Subtract line 1f from line 1c. If zero or less, enter -0-			
j	If there is an amount other than zero on either line 1h o	or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes X No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total		
2a	Lobbying nontaxable amount	227,639	223,892	214,412	223,540	889,483		
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,334,225		
c	Total lobbying expenditures	51,408	53,011	29,171	10,975	144,565		
d	Grassroots nontaxable amount	56,910	55,973	53,603	55,885	222,371		
e	Grassroots ceiling amount (150% of line 2d, column (e))					333,557		
f	Grassroots lobbying expenditures	18,146	16,100	2,623	3,664	40,533		

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Schedule C (Form 990 or 990-EZ) 2014

Scheo	dule C (Form 990 or 990-EZ) 2014 APPALACHIAN VOICES	56-2	049956		Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed F	orm 5	768		
	(election under section 501(h)).				
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)
	cription of the lobbying activity.	Yes	No	Ar	nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or the section 501(c)(5) and the section 501(c)(4).	or sec	tion		
	501(c)(6).				
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or the section 501(c)(5), or the section 501(c)(4), section 501(c)(5), or the section 501(c)(5), section 501(c				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Par	: III-A,	line 3	, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
	political expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
	and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	rt IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1	and			
2 (se	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCH	IEDULE D	Supplem	nental Financial Statements				OMB No. 1545-0	047
	m 990)	Complete if the complete of	e organization answered "Yes," to Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	2b.			2014	Ļ
Depart	ment of the Treasury		Attach to Form 990.				Open to Pub	lic
-	I Revenue Service	Information about Schedule D (F	orm 990) and its instructions is at www.irs.gov/fc				Inspection	
	of the organization PALACHIAN	VOICES				-2049	ation number	
Par			Funds or Other Similar Funds or Accounts			2010		
		if the organization answered "Ye						
			(a) Donor advised funds		(b) F	unds and	other accounts	
1		d of year						
2		contributions to (during year)						
3 4	Aggregate value of Aggregate value at	grants from (during year) end of year						
4 5		•	n writing that the assets held in donor advised	l				
Ũ	-	ization's property, subject to the organiz	-				Yes	🗌 No
6	•		advisors in writing that grant funds can be used					
	-	-	onor or donor advisor, or for any other purpose					
	conferring impermis	sible private benefit?					Yes	No No
Par		ation Easements.						
	· · · · · ·	e if the organization answered "Ye						
1		ervation easements held by the organiz						
		land for public use (e.g., recreation or e		• •			а	
	Protection of na		Preservation of a certifie	ed historio	c struc	ture		
2	Preservation of		lified concentration contribution in the form of a co	noonvotio				
2		st day of the tax year.	lified conservation contribution in the form of a co			leld at t	he End of the Tax	Vear
а					2a			Tear
b				-	2b			
с		ation easements on a certified historic s	tructure included in (a)		2c			
d	Number of conserva	ation easements included in (c) acquire	d after 8/17/06, and not on a					
	historic structure list	ed in the National Register			2d			
3	Number of conserva	ation easements modified, transferred,	released, extinguished, or terminated by the organ	nization d	luring t	he		
	tax year							
4		here property subject to conservation e						
5	-		eriodic monitoring, inspection, handling of					
0	,	rcement of the conservation easements					Yes	🗌 No
6	Starr and volunteer	nours devoted to monitoring, inspecting	I, and enforcing conservation easements during th	ie year				
7	Amount of expense		d enforcing conservation easements during the ye	ar				
•	► \$							
8		ation easement reported on line 2(d) ab	ove satisfy the requirements of section 170(h)(4)((B)(i)				
	and section 170(h)(Yes	🗌 No
9	In Part XIII, describe	e how the organization reports conserva	ation easements in its revenue and expense state	ment, and	d			
			tnote to the organization's financial statements tha	at describ	es the			
		unting for conservation easements.						
Par		-	s of Art, Historical Treasures, or Other	r Simila	ar As	sets.		
4-		e if the organization answered "Y				- 1		
1a	•	•	ASC 958), not to report in its revenue statement a			et		
			d for public exhibition, education, or research in fu o its financial statements that describes these iten		e oi			
b			ASC 958), to report in its revenue statement and b		heet			
5	-		d for public exhibition, education, or research in fu					
		de the following amounts relating to the						
	•	• •				▶ \$		
	(ii) Assets included	d in Form 990, Part X				▶ \$		
2	-		easures, or other similar assets for financial gain,	provide t	the			
	following amounts r	equired to be reported under SFAS 116						
а						▶ \$		
b	Assets included in F					▶ \$		
For F	aperwork Reduction	Act Notice, see the Instructions for Fe	orm 990.				Schedule D (Form 99	90) 2014

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	ule D (Form 990) 2014 APPALACHIAN VOIC						56-204995		Page 2
Par							· · · · · ·	ntinued)	
3	Using the organization's acquisition, accession, ar	nd other records, chec	k any of the	following	that are a sig	nificant u	ise of its		
	collection items (check all that apply):								
а	Public exhibition	d 📙 Loar	n or exchang	je prograr	ns				
b	Scholarly research	e 🗌 Othe	er						
С	Preservation for future generations								
4	Provide a description of the organization's collection	ons and explain how t	hey further tl	ne organiz	zation's exem	pt purpo	se in Part		
	XIII.								
5	During the year, did the organization solicit or rece							_	
_	assets to be sold to raise funds rather than to be r		he organizat	ion's colle	ection?			Yes	🗌 No
Par	t IV Escrow and Custodial Arranger							. –	
	Complete if the organization an	iswered "Yes" to	Form 99	J, Part	IV, line 9,	or repo	orted an amour	nt on Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian or				r assets not				Π
				• • • • • • • • •					📙 No
b	If "Yes," explain the arrangement in Part XIII and o	complete the following	table:						
	5							nount	
C	Beginning balance					10			
d	Additions during the year					1d			
e 1	8,					1e			
f	Ending balance Did the organization include an amount on Form 9			wate diel a		1f		Yes	No
2a h	If "Yes," explain the arrangement in Part XIII. Che					-			
b Par	t V Endowment Funds.		IUIT Has Deel	1 provided	J III F dit Alli	-	<u></u>		
	Complete if the organization ar	swered "Yes" to	Form 99) Part	IV line 10				
		(a) Current year	(b) Prior		(c) Two years		(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance			year		5 Dack	(d) Three years back		ars back
b	Contributions								
c	Net investment earnings, gains, and								
-	losses								
d	Grants or scholarships								
e	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current y	ear end balance (line	1g, column (a)) held a	S:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
С	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should ec	qual 100%.							
3a	Are there endowment funds not in the possession	of the organization th	at are held a	ind admir	istered for the	Э			
	organization by:							Ye	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations liste	•						3b	
4	Describe in Part XIII the intended uses of the orga		t funds.						
Pai	¥ 11					~	D		
	Complete if the organization ar								
	Description of property	(a) Cost or oth		. ,	r other basis		Accumulated	(d) Book va	alue
		(investme	ent)	(other)		epreciation		
1a	Land								
b	Buildings								
C d	Leasehold improvements				55 500		22.000	~	2 106
d	Equipment				55,502 762		33,096	2	2,406
E Total	Other) lino 10			762	0	2 406
rota	. Add lines 1a through 1e. (Column (d) must eq	uai ruiii 990, Part X	., column (B), inte 10	C.)		•	2	2,406

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Schedule D (Form	1 990) 2014 APPALACHIA Investments - Other Securities		56-2049956 Page
i art fil			t IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
(1) Financial d			
	ld equity interests		
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
	must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related	d.	
			t IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
	must agual Farm 000 Dart V. col. (D) line 12)	•	
Part IX	Other Assets.		
		nswered "Yes" to Form 990 Par	t IV, line 11d. See Form 990, Part X, line 15.
		(a) Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (E	3) line 15.)	······ •
Part X	Other Liabilities.		
		nswered "Yes" to Form 990, Par	t IV, line 11e or 11f. See Form 990, Part X,
4	line 25.		
1. (1) Fodorol i	(a) Description of liability	(b) Book value	-
(1) Federari (2)	ncome taxes		-
(3)			-
(4)			-
(5)			-
(6)			-
(7)			
(8)			
(9)			
	must equal Form 990, Part X, col. (B) line 25.)	•	
	uncertain tax positions. In Part XIII, provide	the text of the footnote to the organization	s financial statements that reports the
-	liability for uncertain tax positions under FIN	-	-

Scheo	Iule D (Form 990) 2014 APPALACHIAN VOICES		56-2049956	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, P	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	2,059,936
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		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,059,936
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	2,059,936
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per	^r Return.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,485,398
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		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,485,398
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		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,485,398
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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.

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

OMB No. 1545-0047

Open to Public

Employer identification number

56-2049956

APPALACHIAN VOICES

01. Members or stockholder classes and rights (Part VI, line 6)

THE ORGANIZATION HAS MEMBERS THAT PAY DUES

02. Member election for additional members (Part VI, line 7a)

THE ORGANIZATION IS A VOTING MEMBERSHIP

03. Governing body decisions (Part VI, line 7b)

THE ORGANIZATION IS A VOTING MEMBERSHIP

04. Form 990 governing body review (Part VI, line 11)

THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS AND APPROVED BY THE EXECUTIVE COMMITTEE

PRIOR TO BEING FILED WITH THE IRS

05. Conflict of interest policy compliance (Part VI, line 12c)

ALL EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST

06. CEO, executive director, top management comp (Part VI, line 15a)

THE EXECUTIVE DIRECTOR'S SALARY IS SET BY THE BOARD OF DIRECTORS

07. Governing documents, etc, available to public (Part VI, line 19)

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

December of the Texacy Percent Percen		4562			ciation a Information	n on Lis	sted Pr					OMB No. 1545-0172
APPALACHIAN VOICES FORM 990 - 1 56-2049956 Part Election To Expense Certain Property Under Section 179	Internal	Revenue Service (99)	Information a	about Form 4562		te instructi	ons is at			562.		
Part II Election To Expense Certain Property Under Section 179 Note: Uput Nate: Wput Nate and Nuter Nute							•					
Note: If you have any listed property, complete Part I. 1 Maximum anount (see instructions) 1 2 2 Total cost of section 179 property balce decision immitation (see instructions) 3 3 3 Threshold cost of section 179 property balce reductions immitation for tax year. Subtract line 3 from line 2. If zero or less, enter -0. If married filing separately, esc fortuctions 4 5 Dollar Initiation to trax year. Subtract line 3 from line 2. If zero or less, enter -0. If married filing separately, esc fortuctions 4 6 (a) Devolution of trax year. Add amounts in column (b), lines 6 and 7 8 7 Listed property. Enter the amount from line 2.9 7 8 Total eleced cost of decision for the mailer of line 5 of line 8 9 10 Carrywer of disallowed docuction. From them 15 of your 2013 From 4552 10 11 Business income limitation. Enter the smaller of line 5 of more 1642. 11 12 Section 178 expense decluction. Add lines 9 and 10, less line 12. 13 13 Carrywer of disallowed docuctorin 12 of your 2013 From 4552. 10 14 Special Depreciation Address 9 and 10, less line 12. 13 15 Dotan intructorins.				Cortain Prop	orty Under 9			0 -	1			56-2049956
1 Maxmum amount (see instructions) 1 2 Total cost of section 179 property placed in service (see instructions) 3 3 3 Threshold cost of section 179 property placed in service (see instructions) 3 3 4 Reduction in limitation. Subtract line 4 from line 2.11 zero or tess, enter -0.1 4 4 5 Date infinitation. Subtract line 4 from line 2.11 zero or tess, enter -0.1 4 4 6 (a) Description of property. (b) Cert busines use only) (c) Elected cost 5 7 Listed property. Enter the amount from line 2.9 7 8 9 10 10 Date infinitation. Distription of line 5.9 million 1000.000000000000000000000000000000000	rai			-	-			Part	1			
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18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Image: classification of property Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (a) Classification of property (b) Month and year placed in gervice (d) Recovery reprediction (f) Method (g) Depreciation deduction 19a 3-year property Image: classifier displaced in gervice (d) Recovery reprediction (f) Method (g) Depreciation deduction 19a 3-year property Image: classifier displaced in gervice Image: classifier displaced in gervice <td>17</td> <td>MACRS deductions</td> <td>s for assets place</td> <td>d in service in tax</td> <td></td> <td></td> <td>014</td> <td></td> <td></td> <td></td> <td>17</td> <td></td>	17	MACRS deductions	s for assets place	d in service in tax			014				17	
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For Paperwork Reduction Act Notice, see separate instructions.

Statement of Brogram Sarvice Accomp	lichmonto	
Statement of Program Service Accomp		2014 01 Your Social Security Number
APPALACHIAN VOICES		56-2049956
Form 990, Part III(a)		
Program Service Code Program Service Expenses Grants and allocations included in above expense Program Services Revenue	\$0 \$0 \$0	
Explanation TO MAINTAIN CLEAN RIVERS IN THE APPALACHIAN REGION		

Name(s) as shown on returnAPPALACHIAN_V	Federal Suppor	ting Statements	2014 PG01 FEIN 56-2049956
	FORM 4562 -	LINE 19B	Statement #50
BASIS 2,102 798 1,960 1,676 1,354 TOTAL	RP CV METHOD 5 MQ SL 5 MQ SL 5 MQ SL 5 MQ SL 5 MQ SL	DEDUCTION 53 20 49 42 34 198	