Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Under section 501(c), 52	7, or 4947(a)(1) of the Inter	nal Revenue Code (except p	vivate foundations)
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Depa		Open to Public									
		ue Service	Information about Form 990 and its instructions is at www.irs.	.gov/form990. Inspection							
Α	For the	the 2016 calendar year, or tax year beginning , 2016, and ending									
В	Check if a	f applicable: C Name of organization APPALACHIAN VOICES D									
	Address of	change	Doing business as			56-	2049956				
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite	E Te	lephone number				
	nitial retu	urn	589 West King Street			(82	8)262-1500				
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code				2,269,166				
	Amended	d return	Boone, NC 28607			G Gr	oss receipts \$				
	Applicatio	on pending	F Name and address of principal officer:	H(a) 🛙	s this a group return	n for subord	linates? 🗌 Yes 🔀 No				
				H(b) A	Are all subordina	ites includ	ded? Yes No				
<u> </u>	Tax-exem	npt status: 🛛 🔀	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		If "No," attac	h a list. (s	see instructions)				
J	Website:	► APP	VOICES.ORG	H(c)	Group exemption	on numbe	er 🕨				
		organization: 🔀	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation:	1997	M State of le	gal domi	cile: NC				
Pa	rt I	Summar	У								
	1	Briefly descr	ibe the organization's mission or most significant activities: <u>To bring people</u>	e toget	her to p	prote	ct the land,				
đ		air and	water of central and southern Appalachia. To empower p	people	to defer	nd ou	r region's				
Governance		rich nat	ural and cultural heritage by providing them with tool	s and	strategi	les f	or				
irna		successf	ul grassroots campaigns.								
ove	2	Check this be	ox ► 🗌 if the organization discontinued its operations or disposed of more than 25%	of its net	assets.						
Ŏ	3	Number of v	oting members of the governing body (Part VI, line 1a)		3	;	10				
ŝ	4	Number of ir	ndependent voting members of the governing body (Part VI, line 1b)		4		10				
itie	5	Total numbe	r of individuals employed in calendar year 2016 (Part V, line 2a)		5	5	35				
Activities &	6	Total numbe	r of volunteers (estimate if necessary)		6	;	375				
<	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12		7	a	0				
	b	Net unrelate	d business taxable income from Form 990-T, line 34		7	b	0				
					ior Year		Current Year				
	8	Contributions	and grants (Part VIII, line 1h)		2,464,8	16	2,250,289				
ne	9	Program ser	vice revenue (Part VIII, line 2g)				0				
Revenue	10	Investment in	ncome (Part VIII, column (A), lines 3, 4, and 7d)		6,6	72	7,509				
Re	11	Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		69,4		10,042				
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,540,9		2,267,840				
	13	Grants and s	imilar amounts paid (Part IX, column (A), lines 1-3)				0				
	14	Benefits paid	to or for members (Part IX, column (A), line 4)				0				
	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)		1,217,2	39	1,348,702				
ses	16a	Professional	fundraising fees (Part IX, column (A), line 11e)				0				
xpense			sing expenses (Part IX, column (D), line 25) 128,334								
Ă	17	Other expension	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		444,1	44	688,354				
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,661,3		2,037,056				
	19	Revenue les	s expenses. Subtract line 18 from line 12		879,5	99	230,784				
r Second	:			Beginning	of Current Yea		End of Year				
ets o	20	Total assets	(Part X, line 16)		2,060,7		2,237,197				
Net Assets or Fund Balances	21		s (Part X, line 26)		102,0		47,665				
Let Let	22		r fund balances. Subtract line 21 from line 20		1,958,7		2,189,532				
Pa	rt II		re Block								
Und	er penalti	ies of perjury, I dec	clare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge a	and belief, it is						
true,	correct,	and complete. Dee	claration of preparer (other than officer) is based on all information of which preparer has any knowledge.		1						
		МАУА	VIKNIUS								
Sia	n					oto					

Sign	Signature of officer Date									
Here	MAYA VIKNIUS		LER							
,	Type or print name and	title								
	Print/Type preparer's name		Preparer's signature	Date		Check if	PTIN			
Paid	Misty Watson			09-06-2017		self-employed	P01210041			
Preparer	Firm's name	Misty D	Watson, CPA, PA		Firm's	EIN 🕨				
Use Only	Firm's address	PO Box 2122				Phone no.				
		Boone NO	28607			828-	263-1100			
May the IRS	discuss this return with	the preparer sh	nown above? (see instructions)				X Yes	No		

Form	990 (2016) APPALACHIAN VOICES 56-2049956 Page 2
Pa	t 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 904,282 including grants of \$) (Revenue \$ 410,126)
чa	(Code:) (Expenses \$904,282 including grants of \$) (Revenue \$410,126) 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
	thus discourage renewable energy and energy efficiency gains.
4b	(Code:) (Expenses \$702,741 including grants of \$) (Revenue \$299,164)
	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.
4c	(Code:) (Expenses \$181,487 including grants of \$) (Revenue \$59,708)
	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.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,788,510 Form 990 (2016)
EEA	

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Pa	art IV Checklist of Required Schedules			1
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•		-	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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,			
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			21
Ŭ	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
Ũ	complete Schedule D, Part III	8		Х
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		Х
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		Х
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.			
a	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	X	
k	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		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
c	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		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a				
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
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		Х
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
4-	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			3.7
40	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			37
40	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?	40		v
	If "Yes," complete Schedule G, Part III	-		X
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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
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		Х
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		Х
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		Х
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		Х
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		Х
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		Χ
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
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		Х
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		Х
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		Х
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		Х
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		Х
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				2016)

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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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	19		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1 c	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 returm 2a	35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5 C		
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		Х
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?			Х
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?	7 c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е				Х
f				Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require			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?			Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<mark>13a</mark>		
	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			
C	Enter the amount of reserves on hand			37
14a	Did the organization receive any payments for indoor tanning services during the tax year?			Х
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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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			_
	Check if Schedule O contains a response or note to any line in this Part VI		•••	. X
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 10			
	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 10			
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			37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	v	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	7-	v	
	one or more members of the governing body?	7a	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	74	v	
•	stockholders, or persons other than the governing body?	7b	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:	80	Х	
a h	The governing body?	8a 8b	л Х	
ь 9	Each committee with authority to act on behalf of the governing body?	uo	Λ	
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	TVU		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114	21	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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		Х
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.			
	🛛 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 policy, 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:			
	MAYA VIKNIUS (828)262-1500, 589 WEST KING STREET, Boone, NC 28607			

Form 990 (201	6) APPALACHIAN VOICES	56-2049956	Page 7							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employee	es, 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.

					,			1	
				(C					
(A)	(B)	(do no		Posit	tion re than o	20	(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	box, u officer	unless	perso dire	on is both ctor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	employee Key employee	Highest compensated		(W-2/1099-MISC)	from the organization and related organizations
(1) KIM GILLIAM	5.00								
CHAIR		Х		X		_	C	0	
(2) DOT GRIFFITH	5.00								
VICE CHAIR		Х		X			C	0	
(3) KATHY SELVAGE	5.00								
TREASURER		Х		X		_	C	0	
(4) TRACEY WRIGHT	5.00								
SECRETARY		Х		X		_	C	0	
(5) TOM CORMONS	40.00								
EXECUTIVE DIRECTOR		Х			X		93,550	0	
(6) RICK PHELPS	2.00								
BOARD MEMBER		Х				_	C	0	
(7) PAT HOLMES	2.00								
BOARD MEMBER		Х					C	0	
(8) LAUREN WATERWORTH	2.00								
BOARD MEMBER		Х					C	0	
(9) CLARA_BINGHAM	2.00								
BOARD MEMBER		Х					C	0	
(10)PALLAVI PODAPATI	2.00								
BOARD MEMBER		Х					c	0	
(11)BUNK_SPANN	2.00								
BOARD MEMBER		Х					c	0	
(12)									
(13)				T					
(14)						+			

	00 (2016) APPALACHIAN VOICES									56-20499	956	Р	age 8
Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Con	nper	nsated Employee	s (continued)	1		
	(A) Name and title	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) week (list any					(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Hignest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org	npensatio from the ganizatio nd related anizatior	n d
(15)													
(16)													
<u>(17)</u>													
<u>(18)</u>													
<u>(</u> 19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total		 	•••	 	•••	· · ·	► ►					
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not limited)								93,550 e than \$100.000 of				0
	reportable compensation from the organization			,						0			
												Yes	No
3	Did the organization list any former officer, directo						-						37
4	employee on line 1a? <i>If "Yes," complete Schedule</i> For any individual listed on line 1a, is the sum of rep										3		Х
4	organization and related organizations greater than												
	individual										4		Х
5	Did any person listed on line 1a receive or accrue co	ompensation	from a	ny u	nrela	ated	orgar	nizati	ion or individual				
	for services rendered to the organization? If "Yes,"	complete So	chedul	e J f	or si	uch	perso	n			5		Х
	on B. Independent Contractors						:		and then \$100,000	-1			
1	Complete this table for your five highest compensate compensation from the organization. Report compenyear.												
	(A)			_					(B)			(C)	
	Name and business address								Description of	services	Com	pensatior	า

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

	0 (201	/ =	IAN VOICES				56-2049956	Page
art \		Statement of Revenu						T
		Check if Schedule O contain	is a response or n	ote to any line in this	(A) Total revenue	(B) Related or exempt function		(D) Revenue cluded from tax under sections
						revenue		512-514
and Other Similar Amounts	1a	Federated campaigns						
nor	b	Membership dues		51,250				
Ā	C	Fundraising events						
mila	d	Related organizations						
ŝ	e	Government grants (contribution						
othe	f	All other contributions, gifts, gr and similar amounts not includ		0 100 000				
p	q	Noncash contributions include		2,199,039				
a		Total. Add lines 1a-1f		3,911	2,250,289			
				Business Code	2,250,269			
Program Service Revenue	2a b							
S S	с							
Servi	d							
am	е							
rogr	f	All other program service rever	nue					
r	g	Total. Add lines 2a-2f						
	3	Investment income (including di	vidends, interest,					
		and other similar amounts) .		-	8,835			8,8
	4	Income from investment of tax-e	exempt bond proce	eeds►				
	5	Royalties		►				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss) .						
		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses		1,326	、			
		Gain or (loss)		(1,326)		(1. 200)		
Ð		Net gain or (loss) Gross income from fundraising			(1,326)	(1,326)		
		events (not including \$						
		of contributions reported on line	10)					
		See Part IV, line 18						
umer kevenue		Less: direct expenses						
		Net income or (loss) from fundr						
		Gross income from gaming acti	-					
		See Part IV, line 19						
	b	Less: direct expenses	b					
	с	Net income or (loss) from gami	ng activities					
		Gross sales of inventory, less returns and allowances						
		Less: cost of goods sold						
	C	Net income or (loss) from sales	of inventory					
		Miscellaneous Revenue		Business Code				
		ADVERTISEMENTS		511120	10,042	10,042		
	b	MISCELLANEOUS INCOME		900099				
				1				
	C							
	d	All other revenue			10,042			

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	t IX Statement of Functional Expenses				
Sectio	on 501(c)(3) and 501(c)(4) organizations must complete all co	-	nizations must complet	te column (A).	
	Check if Schedule O contains a response or note to a				
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	93,550	58,094	18,906	16,550
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	1,130,009	987,803	69,518	72,688
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	21,680	19,250	1,174	1,256
10	Payroll taxes	103,463	88,670	7,290	7,503
11	Fees for services (non-employees):				
	Management				
	Legal	3,805	1,438	2,367	
с		4,250	4,064	186	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17 .				
f					
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	104,536	104,536		
	Advertising and promotion	3,883	3,730	10	143
		30,878	28,595	1,141	1,142
14					
15	Royalties				
16		87,354	78,758	2,249	6,347
17		86,245	82,971	1,044	2,230
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10.005			
	Conferences, conventions, and meetings	12,285	11,140	1,145	
20					
21	Payments to affiliates	0.100	0.000	F11	545
22	Depreciation, depletion, and amortization	9,120	8,062	511	547
23		134,949	117,404	9,604	7,941
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)	1	10	1	
	BANK CHARGES	1,582	43	1,539	
	CONTRACT LABOR	55,074	55,074		
	CONTRIBUTIONS	4,350	4,350		
	DUES AND SUBSCRIPTIONS	2,468	2,370	98	
	All other expenses	147,575	132,158	3,430	11,987
	Total functional expenses. Add lines 1 through 24e .	2,037,056	1,788,510	120,212	128,334
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 b if				
	following SOP 98-2 (ASC 958-720)				Form 990 (2016

Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	138,674	1	128,782
	2	Savings and temporary cash investments	1,669,035	2	1,971,559
	3	Pledges and grants receivable, net	186,890	3	56,455
	4		22,361	4	29,500
	5	Loans and other receivables from current and former officers, directors,		-	
		trustees, key employees, and highest compensated employees.			
		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 contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	11,005	9	13,183
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 48,441			
	b	Less: accumulated depreciation	28,705	10c	22,936
	11	Investments - publicly traded securities		11	
	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	4,090	15	14,782
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,060,760	16	2,237,197
	17	Accounts payable and accrued expenses	102,012	17	47,665
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Lial		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
	26	of Schedule D	102 012	25 26	47 665
	20	Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright and	102,012	20	47,665
		complete lines 27 through 29, and lines 33 and 34.			
ces	27		1,748,069	27	2,094,070
ılan	28	Temporarily restricted net assets	210,679	28	95,462
I Ba	29	Permanently restricted net assets	210,079	29	55,402
nnc		Organizations that do not follow SFAS 117 (ASC 958), check here			
г		complete lines 30 through 34.			
its (30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,958,748	33	2,189,532
	34	Total liabilities and net assets/fund balances	2,060,760	34	2,237,197
FEA			_,000,000	- - ·	Form 990 (2016)

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Pa	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	2,2	67 , 8	340
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,0	37,0	056
3	Revenue less expenses. Subtract line 2 from line 1	3	2	230,	784
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,9	58,	748
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	2,1	.89,	532
Pa	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		Х
	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:				
	🔀 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		Х
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 (2	2016)

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Public Charity Status and Public Support

OMB No. 1545-0047

SC	HEC	DULE A			1(c)(3) organization of a s		••		2016
(For	m 99	0 or 990-EZ)	complete il the organiz	ation is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust Attach to Form 990 or Form 990-EZ. 					Open to Public
		of the Treasury	Information at		It Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.				Inspection
		enue Service e organization		out Schedule A (Fo	111 990 01 990-EZ) and its i	Instruction	5 15 at www	Employer identifica	
		CHIAN VOIC	FC					56-204995	
	rt I			Status (All or	ganizations must co	omplete	this part		
-				· · · ·	s 1 through 12, check onl				
1	П		•	•	urches described in sect				
2	П				Schedule E (Form 990 c				
3	П		•		n described in section 1	,	,		
4	Π	•		0	n with a hospital describ)(1)(A)(iii). Enter the	
•			e, city, and state:						
5				fit of a college or u	university owned or opera	ated by a c	overnmen	tal unit described in	
•		-)(1)(A)(iv). (Complete	-			,		
6		-			init described in section	170(b)(1)	(A)(v).		
7	X		•	•	of its support from a gov			m the general public	
		•	ection 170(b)(1)(A)(vi						
8	Π		rust described in secti		•				
9		An agricultural	research organization	described in sect	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colle	ge
		•	•		see instructions). Enter the		•	•	•
		university:	-				-	-	
10		An organizatio	n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	pership fees, and gross	3
		receipts from a	ctivities related to its e	xempt functions - s	subject to certain exception	ons, and (2	2) no more	than 33 1/3% of its	
		support from g	ross investment income	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) f	from businesses	
		acquired by the	e organization after Ju	ne 30, 1975. See :	section 509(a)(2). (Com	plete Part	III.)		
11		An organizatio	n organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).		
12		An organizatio	n organized and operat	ted exclusively for t	the benefit of, to perform	the functio	ns of, or to	carry out the purpose	S
		of one or more	publicly supported or	ganizations descrit	oed in section 509(a)(1)	or section	n 509(a)(2). See section 509(a)	(3).
		Check the box	in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 7	l2g.
	а	Type I. A s	supporting organization	n operated, superv	ised, or controlled by its	supported	l organizat	tion(s), typically by giv	ing
		the suppor	ted organization(s) the	power to regularly	appoint or elect a major	ity of the c	lirectors or	r trustees of the	
		supporting	organization. You mu	ist complete Part	IV, Sections A and B.				
	b	Type II. A	supporting organizatio	n supervised or co	ontrolled in connection w	ith its supp	orted orga	anization(s), by having	I
		control or r	management of the sup	porting organization	on vested in the same pe	rsons that	control or r	manage the supported	
		organizatio	on(s). You must comp	olete Part IV, Sect	ions A and C.				
	С	Type III fu	nctionally integrated	. A supporting orga	anization operated in cor	nnection w	ith, and fu	nctionally integrated w	<i>v</i> ith,
			•		u must complete Part I				
	d				g organization operated i				.,
			, ,	0	penerally must satisfy a d		•	nt and an attentiveness	
					e Part IV, Sections A a				
	е		0		determination from the IF		s a Type I,	Type II, Type III	
				-	ntegrated supporting orga				
	f				• • • • • • • • • • • •				
	g		owing information abo	••					
	(Name of supported 	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum		instructions)	instructions)
								-	
						Yes	No		
(A)									
(B)									
(C)									
(D)									
					l			1	

(E)

		LACHIAN VOIC				56-2049956	Page 2
Pa	rt II Support Schedule for Org						
	(Complete only if you chec	ked the box on	line 5, 7, or 8 d	of Part I or if the	e organization	failed to qualify	under
	Part III. If the organization	fails to qualify u	inder the tests	listed below, p	lease complete	e Part III.)	
Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")	1,250,296	1,415,461	2,030,321	2,518,979	2,246,378	9,461,435
2	Tax revenues levied for the						
	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	1,250,296	1,415,461	2,030,321	2,518,979	2,246,378	9,461,435
5	The portion of total contributions by						<u> </u>
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,413,041
6	Public support. Subtract line 5 from line 4						8,048,394
	tion B. Total Support	11					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,250,296	1,415,461	2,030,321	2,518,979	2,246,378	9,461,435
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	2,066	1,651	3,647	6,672	8,835	22,871
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.)	18,202	2,261	1,002		(1,326)	
11	Total support. Add lines 7 through 10 .						9,504,445
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2016 (line 6, o						34.68 %
15	Public support percentage from 2015 Sched						36.49 %
16a	33 1/3% support test - 2016. If the organiz						ित्र
	box and stop here. The organization quali					• • • • • • • • • • • •	▶ 🛛
b	33 1/3% support test - 2015. If the organiz						、 □
170	this box and stop here. The organization of						· · · ► 🗆
ira	10%-facts-and-circumstances test - 201 10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fac						
	organization		•	•			▶□
b	10%-facts-and-circumstances test - 201						
5	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization mee					cly	
	supported organization						▶□
18	Private foundation. If the organization did						
	instructions						► 🗌
EEA						Schedule A (Form 9	

	· · · · · · · · · · · · · · · · · · ·	LACHIAN VOIC	CES			56-204995	6 Page 3
Pa	art III Support Schedule for Org						
	(Complete only if you check			•			r Part II.
_	If the organization fails to q	ualify under th	e tests listed b	elow, please o	complete Part II	.)	
	ction A. Public Support		1				1
Cal	endar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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.)						
Se	ction B. Total Support					·	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	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.)						
	First five years. If the Form 990 is for the or organization, check this box and stop here	•••••					► 🗌
Se	ction C. Computation of Public Su						
15	Public support percentage for 2016 (line 8, co	olumn (f) divided by	y line 13, column (f))		15	%
16	Public support percentage from 2015 Schedu					16	%
Se	ction D. Computation of Investmen						
17	Investment income percentage for 2016 (line		-				%
18	Investment income percentage from 2015 Sectors	chedule A, Part III	, line 17			18	%
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box	ation did not cheo and stop here. T	ck the box on line he organization q	14, and line 15 is ualifies as a public	more than 33 1/3% by supported organ	, and line ization	► 🗌
b	33 1/3% support tests - 2015. If the organiz line 18 is not more than 33 1/3%, check this	box and stop her	e. The organization	on qualifies as a p	ublicly supported o	rganization	
20	Private foundation. If the organization did r	not check a box or	n line 14, 19a, or 2	9b, check this bo	x and see instructio	ns	▶ 🗌

art				
	(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete S			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	mplete)	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pa	art V.)		
cti	on A. All Supporting Organizations			
			Yes	
	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.	1		
	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).	2		
а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
;	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.	3c		_
а	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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
а	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	5-		
L	was accomplished (such as by amendment to the organizing document).	5a		
D	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?	E h		
~		5b 5c		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
	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.	E		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
	(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).	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
а	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 .	9a		
	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 .	9b		
	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 .	9c		
	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.	10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
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		
	ion B. Type I Supporting Organizations			
			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		
		•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations		Vee	Na
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	_		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions)):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		(see ir	struct	tions)
	Activities Test. Answer (a) and (b) below.		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			
		2a		
	that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
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? <i>If "Yes," explain in Part VI the</i>			
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	0Ŀ		
	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? <i>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.</i>	2b		
3	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? <i>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.</i> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	2b		
3	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? <i>If "Yes," explain in Part VI the</i> <i>reasons for the organization's position that its supported organization(s) would have engaged in these</i> <i>activities but for the organization's involvement.</i> 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			
3 a	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? <i>If</i> "Yes," <i>explain in</i> 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. Parent of Supported Organizations. Answer (a) and (b) below. 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</i> Part VI .	2b 3a		
3 a	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? <i>If "Yes," explain in Part VI the</i> <i>reasons for the organization's position that its supported organization(s) would have engaged in these</i> <i>activities but for the organization's involvement.</i> 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			

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 Schedule A (Form 990 or 990-EZ) 2016
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 Part IV
 Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2016 APPALACHIAN VOICES		56-204	19956 Pag
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 organized	zations	must complete Section	ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b 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		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 🗌 Check here if the current year is the organization's first as a non-functionally-	-integra	ated Type III supportin	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2016

	rt V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organiz		Current Veer
	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	ipt purposes of supported		
2	organizations, in excess of income from activity	and of automated organizat	iono	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizat	IONS	
4	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)			
5 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 the	the organization is reasons	iivo	
0	(provide details in Part VI). See instructions.	ine organization is respons	ave	
0	Distributable amount for 2016 from Section C, line 6			
9				
10	Line 8 amount divided by Line 9 amount		(ii)	(iii)
ę	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (For	m 990 or 990-EZ) 2016 Page o
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	Po	litical Campaign and Lot	bvina Activ	vities		OMB No. 1545-0047
(Form 990 or 990-EZ)		ations Exempt From Income Tax Under			7	2016
	-	organization is described below.	 Attach to Formation 			Open to Public
Department of the Treasury Internal Revenue Service	•	ut Schedule C (Form 990 or 990-EZ) and its				Inspection
 Section 501(c)(3) of Section 501(c) (other Section 527 organiz If the organization answer Section 501(c)(3) of Section 501(c)(3) of 	rganizations: Complete er than section 501(c)(3 rations: Complete Part rered "Yes," on Form rganizations that have f rganizations that have f rgenizations that have f rered "Yes," on Form uctions), then	990, Part IV, line 4, or Form 990-EZ, F filed Form 5768 (election under section s NOT filed Form 5768 (election under se 990, Part IV, line 5 (Proxy Tax) (see s	-C. d C below. Do not Part VI, line 47 (Lo 501(h)): Complete ction 501(h)): Com	complete Part bbying Activi Part II-A. Do n pplete Part II-B.	I-B. ties), then ot complete I Do not com	Part II-B. plete Part II-A.
Name of organization		·			Employer i	dentification number
APPALACHIAN VOI			504()		56-2049	
	v	ization is exempt under sections of the section of	· · · ·			lization.
	al campaign activities"		cuvilles in Fait IV.		15 101	
		see instructions)				
		ivities (see instructions)				
		ization is exempt under section ad by the organization under section 495				
2 Enter the amount of	of any excise tax incurre	ed by organization managers under sect	ion 4955		.►\$	
3 If the organization i	incurred a section 495	5 tax, did it file Form 4720 for this year?				. 🗌 Yes 🗌 No
						. Yes No
b If "Yes," describe in Part I-C Comp		ization is exempt under section	on 501(c), exc	ept sectior	501(c)(3)_
		e filing organization for section 527 exer	11			<u>,-</u>
					.►\$	
		s funds contributed to other organizatio			• •	
		ines 1 and 2. Enter here and on Form 1		• • • • • • •	• • <u>•</u>	
					. ► \$	
		-POL for this year?				
		r identification number (EIN) of all section rganization listed, enter the amount paid				
-		ved that were promptly and directly deliv				
as a separate segr	regated fund or a politi	cal action committee (PAC). If additional	space is needed,	provide inform	ation in Part	IV.
(a) Nam	e	(b) Address	(c) EIN	(d) Amount filing orgar funds. If none	nization'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)						
For Paperwork Reduction Act	Notice, see the Instructions	for Form 990 or 990-EZ.			Schedu	le C (Form 990 or 990-EZ) 2016

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Sche	ule C (Form 990 or 990-EZ) 2016 APPALACHIAN VO		56-20499	
Pa	rt II-A Complete if the organization	is exempt under section 501(c)(3) and filed	Form 5768 (elect	ion under
	section 501(h)).			
Α	Check \blacktriangleright if the filing organization belongs to a	n affiliated group (and list in Part IV each affiliated group m	nember's	
	name, address, EIN, expenses, and	share of excess lobbying expenditures).		
В	Check 🕨 🗌 if the filing organization checked box	A and "limited control" provisions apply.	·	
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" mea	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opir	nion (grass roots lobbying)	3,750	
b	Total lobbying expenditures to influence a legislativ	e body (direct lobbying)	4,980	
С	Total lobbying expenditures (add lines 1a and 1b)		8,730	
d	Other exempt purpose expenditures		2,028,326	
е	Total exempt purpose expenditures (add lines 1c a	nd 1d)	2,037,056	
f	Lobbying nontaxable amount. Enter the amount from	m the following table in both		
	columns.		251,853	
	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 1	f)	62,963	
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 1	h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?		[Yes 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total				
2a	Lobbying nontaxable amount	214,412	223,540	233,069	251,853	922,874				
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,384,311				
c	Total lobbying expenditures	29,171	10,975	5,662	8,730	54,538				
d	Grassroots nontaxable amount	53,603	55,885	58,267	62,963	230,718				
e	Grassroots ceiling amount (150% of line 2d, column (e))					346,077				
f	Grassroots lobbying expenditures	2,623	3,664	2,971	3,750	13,008				

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Schedule C (Form 990 or 990-EZ) 2016

Sched	Hule C (Form 990 or 990-EZ) 2016 APPALACHIAN VOICES		2049		Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file	ed F	orm 5	5768	
	(election under section 501(h)).				
-	coch "Maa " waaranaa ta linaa da thuawah di balaw, muayida in Davt W a datailad	(a	a)		(b)
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	V	N.,		
aes	cription of the lobbying activity.	Yes	No	A	mount
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?				
i	Total. Add lines 1c through 1i				
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
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		-		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5) (or sec	tion	
Iu	501(c)(6).	(0), 0			
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	103 10
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
2				3	
_	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			-	
Га	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF				lino 2 ic
	answered "Yes."	(u)	raiti	11- A, 1	iiiie 3, 15
-					
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).				
a	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		
	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, line 1; Part II-A, line	nes 1 a	and		
2 (se	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.				

SCHEDULE D (Form 990)		Complete if t	nental Financial Statements he organization answered "Yes" on Form 990, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047
Depar	tment of the Treasury		► Attach to Form 990.		Open to Public
Interna	al Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <i>www.irs.go</i>		Inspection
	of the organization			Employer identific	
	PALACHIAN rt I Organizat		ed Funds or Other Similar Funds or Accoun	56-204	9950
га		if the organization answered "Ye		its.	
	Complete	Il the organization answered Te		(b) Euroda and a	ther ecoupte
1	Total number at en	d of year	(a) Donor advised funds	(b) Funds and o	
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5		•	s in writing that the assets held in donor advised		
	-	nization's property, subject to the orga	-		🗌 Yes 🗌 No
6	-		or advisors in writing that grant funds can be used		
	-	-	donor or donor advisor, or for any other purpose		
					🗌 Yes 🗌 No
Pa	rt II Conserv	vation Easements.			
	Complete	e if the organization answered "Y	es" on Form 990, Part IV, line 7.		
1	Purpose(s) of cons	ervation easements held by the organ	nization (check all that apply).		
	Preservation o	f land for public use (e.g., recreation of	or education)	important land ar	ea
	Protection of n	atural habitat	Preservation of a certified hi	storic structure	
	Preservation o				
2	Complete lines 2a	through 2d if the organization held a q	ualified conservation contribution in the form of a cons	servation	
		st day of the tax year.		Held at th	e End of the Tax Year
а				2a	
b	•	,		2b	
С		vation easements on a certified histori		2c	
d		vation easements included in (c) acqu			
		e e		2d	
3		vation easements modified, transferre	d, released, extinguished, or terminated by the organi	zation during the	
	tax year ►				
4		where property subject to conservation			
5	-		e periodic monitoring, inspection, handling of		
6	-	preement of the conservation easement	ns it holds?		Yes No
6		hours devoted to monitoring, inspecti	ig, handling of violations, and emorcing conservation	easements duning	y the year
7		 as incurred in monitoring inspecting h	andling of violations, and enforcing conservation eas	ements during the	a vear
•	► \$			chiefte daning the	, your
8	-	$\frac{1}{2}$	above satisfy the requirements of section 170(h)(4)(E	3)(i)	
	and section 170(h)		•••••••••••••••••••••••••••••••••••••••		Yes 🗌 No
9	()		ervation easements in its revenue and expense statem		
			potnote to the organization's financial statements that		
	organization's acco	ounting for conservation easements.	-		
Pa	rt III Organi	zations Maintaining Collect	ions of Art, Historical Treasures, or Oth	er Similar As	ssets.
	Complet	e if the organization answered "	es" on Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116	6 (ASC 958), not to report in its revenue statement an	d balance sheet	
	works of art, histori	cal treasures, or other similar assets	held for public exhibition, education, or research in fur	therance of	
	public service, prov	vide, in Part XIII, the text of the footno	te to its financial statements that describes these item	IS.	
b	If the organization	elected, as permitted under SFAS 116	6 (ASC 958), to report in its revenue statement and ba	alance sheet	
	works of art, histori	cal treasures, or other similar assets	held for public exhibition, education, or research in fur	therance of	
		vide the following amounts relating to			
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		· · · · ► \$	
	(ii) Assets include	d in Form 990, Part X		· · · · ▶ \$	
2	If the organization	received or held works of art, historica	Il treasures, or other similar assets for financial gain, p	provide the	
	following amounts	required to be reported under SFAS	116 (ASC 958) relating to these items:		
а	Revenue included	on Form 990. Part VIII. line 1		►\$	

.

b	Assets included in Form 990, Part X							•				•				
For F	Paperwork Reduction Act Notice, see	e th	e	In	stı	rue	cti	or	າຣ	fc	r	Fc	rı	n	99) 0.

Schedule D (Form 990) 2016

▶ \$

Sched	dule D (Form 990) 2016 APPALACHIAN VO	ICES				56-2049	956	P	'age 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical T	reasures,	or Othe	er Similar Ass	ets (cor	าtinue	əd)
3	Using the organization's acquisition, accession,								
	collection items (check all that apply):			U U	0				
а	Public exhibition	d 🗌 Loa	n or exchange prog	arams					
b	Scholarly research		er						
C	Preservation for future generations								
4	Provide a description of the organization's collect	ctions and explain ho	ow they further the o	organization's e	exempt p	uroose in Part			
•	XIII.			ganzaiono	success by b				
5	During the year, did the organization solicit or re	ceive donations of a	rt historical treasure	es or other sin	nilar				
Ū	assets to be sold to raise funds rather than to be						□ ١	res [No
Pa	rt IV Escrow and Custodial Arrange		er me ergamzader	0.00100110111			<u>··</u>		
	Complete if the organization ar		n Form 990 Pa	rt IV line 9	or rep	orted an amou	int on Fr	orm	
	990, Part X, line 21.				, 0 0p	ented an amou		,	
1a	Is the organization an agent, trustee, custodian of	or other intermediary	for contributions or	other assets r	not				
								res [No
b	If "Yes," explain the arrangement in Part XIII and						•••••••••••••••••••••••••••••••••••••••		
~			ing table.			Am	nount		
с	Beginning balance				1c		oun		
d	Additions during the year								
e									
f	Ending balance								
2a	Did the organization include an amount on Form							/06	No
	If "Yes," explain the arrangement in Part XIII. Cl				•				
b	rt V Endowment Funds.	neck here it the expla	anation has been pro			•••••	<u></u>	•••	
га	Complete if the organization ar	swered "Ves" o	n Form 000 Pa	rt IV line 1	0				
	Complete il the organization al					() =			
10	Designing of year balance	(a) Current year	(b) Prior year	(c) Two year	'S DACK	(d) Three years back	(e) Four	r years b	аск
1a ⊾	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
لم									
a	Grants or scholarships			_					
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current		ne 1g, column (a)) r	neld as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment %	<u>.</u>							
С	Temporarily restricted endowment	<u>%</u>							
~	The percentages in lines 2a, 2b, and 2c should e	•							
3a	Are there endowment funds not in the possessi	on of the organizatio	n that are held and a	administered for	or the			N	
	organization by:						a (1)	Yes	No
	0 0						. 3a(i)		
	()						. 3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations li	•			••••		. 3b		
4	Describe in Part XIII the intended uses of the or	-	nent funds.						
Pa	rt VI Land, Buildings, and Equipm				4			. 10	
	Complete if the organization ar	nswered "Yes" of	n Form 990, Pa	rt IV, line 1	1a. See	e Form 990, Pa	art X, line	e 10.	
	Description of property	(a) Cost or oth		t or other basis		Accumulated	(d) Boo	k value	
		(investme	ent)	(other)	de	epreciation			
1a	Land	•••							
b	Buildings	•••							
С	Leasehold improvements	•••							
d	Equipment	· · ·		47,679		24,743		22,9) 36
e	Other			762		762			
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part J	X, column (B), line	10c.)				22,9	9 36

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Schedule D (Form 990) 2016

Schedule D (Form	990) 2016 APPALACHIAN VO: Investments - Other Securities.		56-20499	56 Page
	Complete if the organization answere	d "Yes" on Form 990. P	art IV. line 11b. See Form 990. Pa	art X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial	derivatives			
(2) Closely-he	eld 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. Complete if the organization answere	d "Yes" on Form 990, P	art IV, line 11c. See Form 990, Pa	art 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)				
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answere	d "Voo" on Earm 000 D	Port IV line 11d See Form 000 De	ort Vilino 15
	· · · · ·			
(1)	(a) L	Description		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 1	5.)	· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. Complete if the organization answere	d "Ves" on Form 990 P	Part IV/ line 11e or 11f See Form 0	00 Part X
	line 25.			, , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability	(b) Book value		
(1) Federal i	ncome taxes			
(2)				
(3)				

(3)		1
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	•	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

. . . . 🗌

Sched	ule D (Form 990) 2016 APPALACHIAN VOICES	56-2049956	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,267,840
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,267,840
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,267,840
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<u> </u>	
1	Total expenses and losses per audited financial statements	1	2,037,056
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,037,056
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.)		
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	2,037,056
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

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 Inspection

Employer identification number

56-2049956

APPALACHIAN VOICES

01. Organizational document changes (Part VI, line 4)

The bylaws were amended during the current year.

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

THE ORGANIZATION HAS MEMBERS THAT PAY DUES

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

THE ORGANIZATION IS A VOTING MEMBERSHIP

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

THE ORGANIZATION IS A VOTING MEMBERSHIP

05. 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

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

ALL EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST

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

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

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

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

Form	Market Ma									OMB No. 1545-0172
			(Includ	ing Information of	n Listec	l Pro	operty)			2016
Depart	ment of the Treasury			Attach to your ta	x return.					Attachment
	Revenue Service (99)	Information	n about Form 45	62 and its separate in				ov/form	4562.	Sequence No. 179
	s) shown on return				•		is form relates			Identifying number
	ALACHIAN		o Cortain Dr		RM 99		L			56-2049956
Par		-		pperty Under Sect plete Part V before you						
1									1	
2	·	,		(see instructions)					2	
3				tion in limitation (see ins					3	
4			•	zero or less, enter -0-					4	
5	Dollar limitation for	tax year. Subtra	ct line 4 from line	1. If zero or less, enter	-0 If mar	ried f	iling			
	separately, see inst	tructions		<u></u>					5	
6		(a) Description of pr			usiness use		(c) Elec			
7	Listed property. En					7				
8		•		ounts in column (c), lines			• • • • • •		8	
9				line 8					9	
10			,	our 2015 Form 4562 . iness income (not less t			\cdots		10	
11 12				but don't enter more that				-	11 12	
13	•		-	s 9 and 10, less line 12	Г	13	••••		12	
	,			y. Instead, use Part V.	-	15				
Par				and Other Depre	ciation	(Dor	n't include list	ed prop	ertv.) ((See instructions.)
14				(other than listed prope						
	during the tax year								14	
15	Property subject to	section 168(f)(1	I) election						15	
16	Other depreciation	(including ACRS	S)						16	8,419
Par	t III MACRS	S Depreciati	ON (Don't inclu	ude listed property.) (Se	e instructi	ons.)				
				Section A						1
17				ax years beginning befo					17	
18			sets placed in ser	rvice during the tax year	into one c	r moi	re general			
	asset accounts, che			· · · · · · · · · · · · ·						
	Sec	ction B - Assets		ice During 2016 Tax Ye (c) Basis for depreciation	ear Using	the	Seneral Dep	reciatio	n Syst	em
	(a) Classification of p	roperty	placed in	(business/investment use	(d) Recover period	ery (e	e) Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property		service	only-see instructions)	ponou					
<u>13a</u> b	5-year property	Statement	#567							935
	7-year property	beacement	_ ****							
d	10-year property		-							
е	15-year property		-							
f	20-year property		-							
g	25-year property				25 yrs	S.		S/	L	
h	Residential rental				27.5 yı	s.	MM	S/	L	
	property				27.5 yı	s.	MM	S/	L	
i	Nonresidential real				39 yrs	3.	MM	S/		
	property					_	MM	S/		
		tion C - Assets	Placed in Servio	ce During 2016 Tax Ye	ar Using t	the A	Iternative De	-	-	vstem
<u>20a</u>	Class life		-		40.00	+				
b	12-year				12 yrs		N 4 N 4	S/		
c Par	40-year	ary (See instru	tions)		40 yrs	> .	MM	S/	L	
21	Listed property. Er		,						21	
22	,			17, lines 19 and 20 in co	olumn (a)	and	line 21. Enter		- 1	
				tnerships and S corpora					22	9,354
23				ng the current year, enter	г					,
_	portion of the basis			-		23				
_										

EEA

	Statement of Program Service Accomplishments	2016 PG01
Name(s) as shown on return		Your Social Security Number
APPALACHIAN N	/UICES	56-204995
	Form 990-Part III(a) Statement of Service Accomplishment	Statement #4
Program Servi Program Servi Grants and al		
Program Servi		
Explanation FO MAINTAIN CLEAN	N RIVERS IN THE APPALACHIAN REGION	

Name(s) as shown on return		Federal Supporting S	statements	2016 PG01	
			56-2049956		
		Form 4562 - Line	e 19b	Statement #50	
Basis 1,369 2,401 907	RP 5 5 5	CV HY HY HY	Method 200 DB 200 DB 200 DB	Deduction 274 480 181	
Total				935	