(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	De or Name of exempt organization or other filer, see instructions. Tax				Taxpayer identification number (TIN)		
print	APPALACHIA SERVICE PROJECT, INC.					89383	
filing your	In by the use date for Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See instructior			ress, see instructions.				
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)			01	
Applica	ition	Return	Application			Return	
Is For			Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	90-T (trust other than above)	06	Form 8870			12	
Form 99	90-T (corporation) SUSAN MILLER	07					
 If the If thi box 1 1 the 2 If 2 If 2 If 2 If 2 If 1 1<th>the tax year entered in line 1 is for less than 12 months, cl</th><th>Group Exe and atta NOVE1 anization's , an heck rease</th><th>mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>1BER 15, 2023, to file return for: d ending on: Initial return</u></th><th>f this is fo all membe</th><th>r the whole g ers the exten npt organizat </th><th>roup, check this</th>	the tax year entered in line 1 is for less than 12 months, cl	Group Exe and atta NOVE1 anization's , an heck rease	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>1BER 15, 2023, to file return for: d ending on: Initial return</u>	f this is fo all membe	r the whole g ers the exten npt organizat 	roup, check this	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	0.	
u	alance due. Subtract line 3b from line 3a. Include your pa sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	
Caution instruct	 If you are going to make an electronic funds withdrawal ions. For Privacy Act and Paperwork Reduction Act Notice. 			153-TE and		-TE for payment	

223841 04-01-22

Department of the Treasury Internal Revenue Service

т

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2022 calendar year, or tax year beginning and	ending					
В	Check if applicab	e: C Name of organization		D Employer identific	ation number			
Г	Addre	APPALACHIA SERVICE PROJECT, INC.						
	Name		62-098938	33				
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final returr	4523 BRISTOL HIGHWAY		(423)854-				
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,923,065.			
	Amer	$\frac{1}{10000000000000000000000000000000000$		H(a) Is this a group re				
	Appli tion pendi	F Name and address of principal officer: WALLER CROUCH		for subordinates	? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in	No Yes			
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	- '	list. See instructions			
_	Websi			H(c) Group exemption				
		f organization: X Corporation Trust Association Other	L Year	of formation: 1969	I State of legal domicile: ${ m TN}$			
P	art I	Summary		- /				
e	1	Briefly describe the organization's mission or most significant activities: HOME ECONOMICALLY DISADVANTAGED	REPAL	R / BUILDING	FOR THE			
Activities & Governance					- 1 -			
'ern	2	Check this box if the organization discontinued its operations or dispose		1.1	ets. 19			
205	3							
~	4	Number of independent voting members of the governing body (Part VI, line 1b)			18 194			
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		8756				
ti		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			-99,526.			
Ac	l ra	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
			<u></u>	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		3,672,550.	7,957,807.			
Revenue	9	Program service revenue (Part VIII, line 2g)		2,310,670.	3,720,737.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		158,579.	-186,717.			
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		945,844.	163,804.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,087,643.	11,655,631.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,943,292.	3,547,981.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
g	b b	Total fundraising expenses (Part IX, column (D), line 25) 593,82	18.					
ш	ⁱ 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,874,260.	6,415,771.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,817,552.	9,963,752.			
	19	Revenue less expenses. Subtract line 18 from line 12		270,091.	1,691,879.			
S OL	1		Be	ginning of Current Year	End of Year			
Assets	20	Total assets (Part X, line 16)		7,750,756. 972,873.	9,743,895.			
it As	=	Total liabilities (Part X, line 26)		1,274,133.				
Inet	<u> </u>	Net assets or fund balances. Subtract line 21 from line 20		6,777,883.	8,469,762.			
P	art II	Signature Block						

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date		
-	GREG DEGENNARO, CFO				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	heck PTIN	
Paid	JARED BROWN	JARED BROWN	07/10/23	elf-employed P00815512	
Preparer	Firm's name BROWN , EDWARDS &	COMPANY, LLP	Firm's E	IN 54-0504608	
Use Only	Firm's address 513 STATE STREET				
	BRISTOL, VA 24201 Phone no.				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions				
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)				

	APPALACHIA SERVICE PROJECT, INC.	62-0989383 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE APPALACHIA SERVICE PROJECT IS A CHRISTIAN MINISTRY, PEOPLE, THAT ADDRESSES THE HOUSING NEEDS OF CENTRAL APPA	
	PEOPLE, THAT ADDRESSES THE HOUSING NEEDS OF CENTRAL APPA	ALACHIA.
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		Yes X No
	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?	Yes X No
U	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	s measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 8,785,585. including grants of \$) (Reve	enue \$ 4,020,514.)
	HOME REPAIR AND BUILDING SERVICES IN WHICH VOLUNTEERS FI	
	CHURCHES DID HOME REPAIR AND BUILDING FOR ECONOMICALLY I	DISADVANTAGED
	FAMILIES.	
4b	(Code:) (Expenses \$	enue \$)
4-		
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 8,785,585.	······
		Form 990 (2022)
232002	2 12-13-22	
	3	

08290710 700842 0404433.002

-	~~~	(0000)
⊢orm	990	(2022)

 Form 990 (2022)
 APPALACHIA SERVICE PROJECT, INC.

 Part IV
 Checklist of Required Schedules

1 bit or organization described in section 501(c)(d) or 4947(a)(1) (other than a private foundation? 1 X 2 bit or organization require foundation organization that include a camping activities on behalf of or in opposition to candidates for public office? <i>If</i> 'Yes,' complete Schedule <i>G</i> , Part <i>I</i> 3 X 4 Section 501(c)(d) organization to the organization that receives membership dues, assessments, or similar annual stademist of here CSP (1)(d) (c)(d) (c)(d				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 3 X 4 Section 801(b)(3) organizations. Did the organization engage in lobbying activities, or have a section 801(b) election in effect during the taxy win? If "Yes," complete Schedule C, Part I 4 X 5 Is the organization as othered in Reviews. The instructions as othered in Reviews. The environment is a settern for Review Schedule C, Part I 5 X 6 Did the organization or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 X Section 801(c)(A). GPT (A) 8 X 6 X 7 X The organization matinal and collections of works of art, historical trasurues, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 7 Did the organization reports and works of art, historical trasurues, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an anount the Part X, Ine 21, for escrew or custodial account liability, serve as a custodian for amount more thready organization, reported cradit curves and supported schedule D, Part II 11 X 10 X 11	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Dit the organization engage in direct or indirect patitical campaign activities on bahal of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Socions 501(k) organizations. Did the organization engage in koblying activities, or have a section 501(k) disclosition and the organization engage in koblying activities, or have a section 501(k) disclosition and the organization matina and on any similar funds or account for Michael or Approximation matina collections of works of art, historical treasures, or other similar assets? ("Yes," complete Schedule D, Part I 9 Did the organization matina collections of works of art, historical treasures, or other similar assets? ("Yes," complete Schedule D, Part II 9 Did the organization matina collections of works of art, historical treasures, or other similar assets? ("Yes," complete Schedule D, Part II 9 Did the organization matina collections of works of art, historical treasures, or other similar assets? ("Yes," complete Schedule D, Part II 9 Did the organization matina collections of works of art, historical treasures, or other similar assets? ("Yes," complete Schedule D, Part II 10 Did the organization report an amount for investments - other securities in donor-restricted endowments or or quasi endowments? ("Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 17, Yes," complete Schedule D, Part VI 12 Did the organization report an amount for investments - program related in Part X, line 18, Twes," complete Schedule D, Part XI 14 Did the organizati		If "Yes," complete Schedule A	1		
public office? # "Yes," complete Schedule Q, Part I 3 X 4 Section 501(k) organization. Did the organization engage in lobbying activities, or have a section 501(k) election in effect 4 X 5 is the organization a vector 501(k)(k), 501(k)(k) or 501(k) election 501(k) election 501(k) (k), 501(k)(k) or 501(k) election 501(k) (k), 501(k)(k) or 501(k) election 501(k) (k), 501(k)(k) or 501(k) election 501(k) (k), 501(k) (k) or 501(k) election 501(k) (k) (k) (k) (k) (k) (k) (k) (k) (k)	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> Yes, 'complete Schedule C, Part II. Is the organization a section 501(c)(k), 501(c)(k), or 501(c)(k) organization that receives membership dues, assessments, or similar amounts as defined in FeV. Proc. 98-197. <i>If</i> Yes, 'complete Schedule C, Part II. Did the organization neartine and unds or any similar funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide active on the distribution or investment of an outs in such funds or accounts for which donors have the right to provide active and mounts in such funds or accounts for which donors have the right to provide active and account in the such account failing assents to prove as a custodian for the submittion and account labelity. Serve as a custodian for the submittion services? If 'Yes,' complete Schedule D, Part II. Did the organization service on yor the following questors is 'Yes,' then complete Schedule D, Part V, U, VIII, U, V, V, X, as applicable. 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 12? If 'Yes,' complete Schedule D, Part V. 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 X. 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 X. Did the o	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? "Yes," complete Schedule C, Part II 4 X 5 is the organization a sector 501(6) 501(6) 51(6)		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization asciolor 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 991:97 If "Yes," complete Schedule C, Part II 5 X 6 Did the organization markina may down advised infusions any similar indice accounts for which demons have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 X 8 Did the organization markina may down advised in easement, including assematis to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, delt management, credit repair, or delt neglitation services? If "Yes," complete Schedule D, Part IV 10 X 9 Did the organization, incerdy through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI 10 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 14/ "Yes," complete Schedule D, Part VI 11a X 9 Did the organization report an amount for investments - orena securities in Part X, line 15,	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Rev. Proc. 98-197. #**st [*] complete Schedule Q, Part II 5 X O Did the organization maintain and your advised funds or any similar funds or accounts? If **rst [*] complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic laterase, or historic attractives? If **rst [*] , complete Schedule D, Part II 6 X 8 Did the organization maintain collections of works of art, historical freasures, or other similar assets? If **rst [*] , complete Schedule D, Part II 8 X 9 Did the organization is due for Art X, or provide cardit counseling, dett management, circlid repart, or detb negolitation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 10 Did the organization answer to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 10 X 12 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 VI 11a X 13 Did the organization report an amount for ther assets in Part X, line 15, that is		during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have thight to provide advise on the distribution or investment of amounts in usuals funds or accounts? If "ysts," complete Schedule D, Part II C 7 Did the organization receive or hold a conservation easement, including assements to presence open space, the environment, historic land areas, or historic structures? If "ysts," complete Schedule D, Part II 7 X 8 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? 9 X 10 Did the organization, any of the following questions is "Yes," then complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 114 X 111 X 116	5				
provide advace on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to presence open space, the environment, historic ind areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or cutodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit conseling, debt mangement, credit repair, or debt negotiation services? If 'Yes," complete Schedule D, Part IV 9 X 10 Did the organization identity or through a related organization, hold assets in donorrestricted endowments 10 X as applicable. Did the organization report an amount for law statements - organized in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11a X c Did the organization report an amount for other assets 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 X 11e X		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of vortex of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 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 VI 11a X 13 Did the organization report an amount for investments in Part X, line 27, If "Yes," complete Schedule D, Part VI 11a X 14 Did the organization report an amount for investments in ports are source of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X	6				
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi andowments? If "Yes," complete Schedule D, Part V 10 X 11 the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities 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 11a X 13 Did the organization report an amount for investments - program related in Part X, line 13? If "Yes," complete Schedule D, Part X 11a X 14 Did the organization report an amount for investments or the taxy ear include a foothose that addresses the organization report an amount for other liabilities in Part X, line 13? If "Yes," complete Schedule D, Part X 11a X		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yos," complete Schedule D, Part III B B Did the organization report an amount in Part X, line 21, for secrew 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? B B Did the organization report an amount in Part X, line 21, for secrew 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? B B Did the organization report an amount for line delowing questions is "Yes," then complete Schedule D, Part V B B Did the organization report an amount for line following questions is "Yes," then complete Schedule D, Part V, UII, VIII, VII, VII, VII, VII, VI, or X, as applicable. B B Did the organization report an amount for investments - rother securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. If 'Yes,' complete Schedule D, Part XIII B 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 167. If 'Yes,' complete Schedule D, Part XIII B C Did the organization included in consolidated financial statements for the tax year include a footnote that addresses the organization shallity or uncertain tax positions under: FN 46 A/SC 740/? If	7				
Schedule D, Pert III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII. 11a X 11 Did the organization report an amount for investments - other securities 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 11a X 11 Did the organization report an amount for investments for the tax year include a footnote that addresses the organization similarity for uncertain tax positions under FIN 48 (ASC 740? If "Yes," complete Schedule D, Part X 11e X 11 Did the organization included in consolidated, independent audted financial statements for the tax year? If "Yes," complete Schedule D, Part X 11e			7		<u> </u>
9 Did the organization report an amount in Part X, line 11, 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 neopdiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>III</i> *0s, * complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 12 Did the organization, directly or through a related organization is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 11 X 13 Did the organization report an amount for investments - other securities in Part X, line 12, If *1 * Yes, * complete Schedule D, Part VI 11a X 14 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 **es, * complete Schedule D, Part X 11a X 15 Did the organization report an amount for other assets in Part X, line 27: If *Yes, * complete Schedule D, Part X 11d X 16 Did the organization subtion subtions under FIN 44 (SC 740?) * 1* **es, * complete Schedule D, Part X 11d X 110 Did the organization noticuded in consolidated, independent audited f	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? y X if "Yes," complete Schedule D, Part IV 10 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VI, VI, VII, VI, VII, VI			8		<u> </u>
# "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization, directly or through a related organization is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // "yes," complete Schedule D, Part V 11 X 12 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? // "Yes," complete Schedule D, Part VIII 11 X 13 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? // "Yes," complete Schedule D, Part VIIII 11 X 14 X 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? // "Yes," complete Schedule D, Part X 114 X 15 Did the organization separate in dependent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X 114 X 16 Did the organization included in consolidated, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X 1111 X X	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11 X 2 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 2 Did the organization report an amount for investments - other securities 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 VII 116 X 2 Did the organization report an amount for investments - other assets in Part X, line 16? If 'Yes," complete Schedule D, Part VII 116 X 4 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 X 116 X 4 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? 117 X 12a Did the organization as exered to masset for the organization as eagregate revences of more than \$10,000 for grantmaking, fundraising, business, investment, and program service activilities outside the United S					77
or in quase endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 11a X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11b X b) Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VI 11b X c) Did the organization report an amount for investments - other securities 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 X 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 VIII 11c X e) Did the organization report an amount for other iabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization is beparte, positions under FIN 48 (ASC TAPO)? If "Yas," complete Schedule D, Part X 11e X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f "Yes," complete Schedule D, Part X 11e 12a X 11d X 11d X 11a X 13a Sthe organization included in consolidated, independent			9		
11 If the organization's narwer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11 a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // *Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part VII 11b X 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? // *Yes," complete Schedule D, Part VIII 11c X 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? // *Yes," complete Schedule D, Part X 11d X d) Did the organization report an amount for other assets in Part X, line 25? // *Yes," complete Schedule D, Part X 11d X 11d X 11d X 11d X 12a Did the organization asparate, independent audited financial statements for the tax year? // *Yes," complete Schedule D, Part X 11f X 12a Did the organization asparate, independent audited financial statements for the tax year? 11f X 12a	10				77
as applicable. a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c) Did the organization report an amount for investments - orgoram 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 VII 11c X 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 X 11c X e) Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f) Did the organization is separate, independent audited financial statements for the tax year? 11t X f) Did the organization included in consolidated, independent audited financial statements for the tax year? 12a X 12a X 12a X 12a X 13 13 14a X 14b 14a X 12a X 14a 14a 14a X 14a X			10		
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 b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11b X 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 VII 11c X 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 X 11d X e Did the organization report an amount for other assets in Part X, line 25? If 'Yes,'' complete Schedule D, Part X 11e X f Did the organization separate or consolidated financial statements for the tax year? 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 11d X 13 Is the organization nation answered 'No' to line 12a, then completing Schedule D, Part X and XII is optional 12b X 14a Did the organization aschool described in section 170(b)(1)(A)(II)? I'Yes,'' complete Schedule E 13a X 14a Did the organization neport on Part IX, column (A), line 3, more th	11				
Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 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 VII 11c X 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 X 11c X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization noticelde in consolidated, independent audited financial statements for the tax year? 11f X 12a Did the organization a school described in section 1700()1(1)A(ii)? f "Yes," complete Schedule E 11a X 13 Is the organization report on Part IX, column (A), line 3, more than \$5,000 of garets or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Part II and IV 16 X <th>_</th> <td></td> <td></td> <td></td> <td></td>	_				
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 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 VII 11c X 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 X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization report an amount for other liabilities in Part X, line 26? If "Yes," complete Schedule D, Part X 11e X 11d X 11d X 11d X 12a Did the organization included financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a X 11d X 11d X 13 Is the organization included in consolidated, independent audited financial statements for the tax year? 11d X 14a Did the organization navered "No" to line 12a, then completing Schedule D, Part X and XII soptional 13 X 14a Did the organization naveagoregate revenues or expeneses of more than	а		44.	v	
assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII 11b X 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? /f "Yes," complete Schedule D, Part VII 11c X 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? /f "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X 11d X 11e X 11e X 12a Did the organization's separate or consolidated financial statements for the tax year? /f "Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 11f X 13 Is the organization maintain an office, employees, or agents outside of the United States? 13a X 13a X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or other assistance to or for organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV 16 X 17 X <th>Ŀ.</th> <td></td> <td>11a</td> <td>~</td> <td></td>	Ŀ.		11a	~	
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? /f "Yes," complete Schedule D, Part VIII 11c X 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? /f "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other liabilities in Part X, line 15? /f "Yes," complete Schedule D, Part X 11e X e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X 12a Did the organization othin separate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 13 X 11d X 11d X 14a Did the organization anistain an office, employees, or agents outside of the United States? 14a X 14 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? /f "Yes," complete Schedule F, Parts II and IV 14a<	a		116		x
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X 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 X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII 11d X b Was the organization as school described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 13 X 14a Did the organization namiatian an office, employees, or agents outside of the United States? 14a X 15 Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for roriegin individuals? If "Yes," complete Schedule G, Part II and IV 16 X 16 X 11d X 12a X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for roriegin individuals? If "Yes," complete Schedule G, Part II	~				
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 X e Did the organization report an amount for other liabilities 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 X 11d X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11t X 12a Did the organization asswered "No" to line 12a, then completing Schedule D, Part X and XII is optional 12a X b Was the organization aschool described in section 170(b(1)/(M)(II)? If "Yes," complete Schedule E 13a X 11a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of garsts or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 16 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column	C		110		x
Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 12a X b Was the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII 12b X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X 14 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report more than \$15,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 16 X 18 Did the organization report more than \$15,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV 16 X	Ь				
e Did the organization report an amount for other liabilities in Part X, line 25? /f *Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? /f *Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? /f *Yes," complete Schedule D, Part X and XII 11t X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? /f *Yes," and if the organization answered *No* to line 12a, then completing Schedule D, Part X and XII is optional 12b X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X 14a X Did the organization report on Part X, 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 14b X 15 Did the organization report on Part X, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If *Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part X, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign	u		11d		x
a bit 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 111 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization neport on Part IX, column (A), line 3, more than \$10,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. 18 18 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part VII, lines 1: and IV 16 X 17 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 18 <t< th=""><th>e</th><td></td><td></td><td></td><td></td></t<>	e				
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 12a X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$1,000 form 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 II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for orign individuals? If "Yes," complete Schedule F, Parts II and IV 16 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did t	-				
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1/(A)(ii)? If "Yes," complete Schedule E 13a X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, 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 X 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 individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on P		• · ·	11f		х
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 13 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garents or other assistance to or for any foreign organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 16 X 17 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "	12a				
b Was the organization included in consolidated, independent audited financial statements for the tax year? 12 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? //// * "yes," complete Schedule E 13 X 14 Did the organization maintain an office, employees, or agents outside of the United States? 14 X 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? 14 X 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 X 19 Did the organization report more than \$15,000 of gross income from graning activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization report more than \$15,000 of gross income from graning activities on Part VIII, line 9a? If "Yes," 19 X 20a			12a	х	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 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 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? 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 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18	b	,			
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 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 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? 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 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X			12b		Х
 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 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 X 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," and IV 18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 	13				Х
 investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines and as? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Id 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 	14a		14a		Х
or more? If "Yes," complete Schedule F, Parts I and IV 14b X 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 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X b If "Yes," to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 20a X	b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
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 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grasts or other assistance to any domestic organization or 21 X			14b		X
 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20b 2 21 X 	15				
or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? /f "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? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? /f "Yes," complete Schedule I, Parts I and II 21 X			15		<u> </u>
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> 18 Z 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 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? <i>If "Yes," complete Schedule I, Parts I and II</i> 	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a 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 20 X			16		<u> </u>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X	17				
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			17	Х	<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18				v
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 X			18		<u> </u>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 X	19				v
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 X	00 -				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II 21 X					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II			200		<u> </u>
21 A Form 990 (2022)	21		21		x
	232003			990	

232003 12-13-22

Form	990	(2022)
	330	(2022)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
-	Schedule K. If "No," go to line 25a	24a		X
	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			
ا م	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	~~		v
24	contributions? If "Yes," complete Schedule M	<u>30</u> 31		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 23
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pal	t 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			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 54		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c	X	
232004	(gambling) winnings to prize winners?			(2022)
_0_00				()

5

022)	APPALACHIA				
Stat	ements Regarding Other	IRS Filings ar	nd Tax Comp	oliance	(continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 194			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		┝───
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	_		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	<u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
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:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u>12a</u>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
232005	12-13-22	Form	990	(2022)
				\/

Form 990 (2022)

Part V

Form	990 ((2022)
------	-------	--------

082

APPALACHIA SERVICE PROJECT, INC.

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

Section A. Governing Body and Management

Part 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 on Schedule O. See instructions. X

				_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		19			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?				2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			····· -	2		- 23
3			•		3	х	
1	Did the organization make any significant changes to its governing documents since the prior Form 99		filed?	Г Г	3 4	- 23	х
+ 5	Did the organization become aware during the year of a significant diversion of the organization's asse			····· -	4 5		X
5					6		X
, 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or app			·····	0		
a	more members of the governing body?				7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			·····	14		
b					7b		х
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			·····	15		- 23
а	The governing body?	-	-		8a	х	
a h	Each committee with authority to act on behalf of the governing body?				oa 8b	X	
))	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac			F	00		
, ,	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev				5		
		enue	500e.)			Yes	No
)a	Did the organization have local chapters, branches, or affiliates?			Г	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			F			
2			annates,		10b		
a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			···· F	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		s in ig the left	F	110		
a	Did the organization have a written conflict of interest policy? If "No," go to line 13			- I	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ_{e}			····· F			
•	on Schedule O how this was done	,			12c	х	
3	Did the organization have a written whistleblower policy?			Г	13	Х	
ŀ	Did the organization have a written document retention and destruction policy?			Г	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval			····· F			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,					
а	The organization's CEO, Executive Director, or top management official			- I	15a	Х	
	Other officers or key employees of the organization			····	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			····	-		
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent wi	th a				
	taxable entity during the year?			- I	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi		•				
	exempt status with respect to such arrangements?			[16b		
ec	tion C. Disclosure						
,	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE (C					
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and		T (section 501	(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				• •		
	X Own website Another's website Upon request Other (explain	on Sc	hedule O)				
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor			y, and [.]	financ	cial	
	statements available to the public during the tax year.						
)	State the name, address, and telephone number of the person who possesses the organization's bool	ks and	records				
	SUSAN MILLER - (423)-854-8800						
	4523 BRISTOL HIGHWAY, JOHNSON CITY, TN 37601-2937					000	
006	12-13-22				Form	990	(2022
	7					. .	. -
)7	10 700842 0404433.002 2022.04000 APPALACHI	IA S	SERVICE	PRO	JEC	04	044

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do			ition		ne	Reportable	Reportable	Estimated
	hours per	box	(do not check more that box, unless person is b		s both	n an	compensation	compensation	amount of	
	week		officer and a director/trustee)		from	from related	other			
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		iyee	mper		1099-NEC)	,	and related
	below	Individual trustee or director	nstitutional trustee	er	Key employee	est co loyee	ner			organizations
	line)	Indiv	In sti	Officer	Key	Highest compensated employee	Former			
(1) DR. WALTER CROUCH	40.00									
PRESIDENT & CEO		Х		Х				170,204.	0.	44,069.
(2) CHARLES W. ELLIS	0.00									
DIRECTOR		Х						0.	0.	0.
(3) KEN LANDERS	0.00									
SECRETARY		Х		Х				0.	0.	0.
(4) EMILY MILLER	0.00									
DIRECTOR		Х						0.	0.	0.
(5) JOHN O. PEARCE	0.00									
CHAIRMAN		Х		Х				0.	0.	0.
(6) ERIK ANDREWS	0.00									
DIRECTOR		Х						0.	0.	0.
(7) MEG ROBERTSON	0.00									
DIRECTOR		Х						0.	0.	0.
(8) BRIAN ERICKSON	0.00									
DIRECTOR		Х						0.	0.	0.
(9) MARK MCINTYRE	0.00									
DIRECTOR		Х						0.	0.	0.
(10) MIKE LAROCK	0.00									-
VICE CHAIRMAN		Х		Х				0.	0.	0.
(11) MICHAEL HODGE	0.00									-
DIRECTOR		Х						0.	0.	0.
(12) DOUG ANDERSON	0.00									-
DIRECTOR		Х						0.	0.	0.
(13) ELIZABETH MOORE	0.00									•
DIRECTOR		Х						0.	0.	0.
(14) DR. ALIDA WARD	0.00									•
DIRECTOR		Х						0.	0.	0.
(15) STEPHEN DIXON	0.00									•
DIRECTOR		Х						0.	0.	0.
(16) ANGELA STRUEBING	0.00									•
DIRECTOR		X						0.	0.	0.
(17) DR. BRIAN K. BROWN	0.00									-
DIRECTOR		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

08290710 700842 0404433.002

2022.04000 APPALACHIA SERVICE PROJEC 04044331

8

Form 990 (2022) APPALACH									62-098	<u>893</u>	83	Page 8
Part VII Section A. Officers, Directors, Trus		oloye	ees,			ghes	t C		, , ,			
(A) (B) (C) Name and title Average hours per week Do sition (do not check more that box, unless person is bo officer and a director/tr							an	(D) Reportable compensation from the	(E) Reportable compensation from related		(F Estim amou oth	ated nt of er
	related organizations below line) Ine) Ine) Ine) Ine) Ine) Ine) Ine) Ine) Ine) Ine) Ine) Ine) Ine) Ine) Ine) Ine) (W-2/1099-MISC/ 1099-MISC/ 1099-NEC)							organizations (W-2/1099-MISC 1099-NEC)	;/	compen from organiz and re organiz	the zation lated	
(18) BILL CULBERSTON	0.00	-	-	0	×	Ξæ				+		
DIRECTOR		Х						0.	(0.		0.
(19) HATTIE KOHER DIRECTOR	0.00	x						0.	(0.		0.
										\dashv		
										+		
									+			
									+			
b Subtotal 170,204.								0.	44,	069.		
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)						•••••		0. 170,204.		0. 0.	44.	<u>0.</u> 069.
	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportab									/	1	
3 Did the organization list any former officer	director, truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on		Ye	
line 1a? <i>If "Yes," complete Schedule J for s</i>For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	nsa	tion	and	oth		he organization		3	X
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	accrue compen	satio	, on fr	oma	any	unre	late	ed organization or individ	dual for services		4 X	
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	<u>plete Schedule</u>	<u>e J fo</u>	or su	<u>ich p</u>	oers	on .					5	X
1 Complete this table for your five highest co the organization. Report compensation for	•	•							•	nsati	on from	
(A) Name and business	address	NC	ONE]				(B) Description of s	services	Сс	(C) ompensa	tion
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nited	l to t	thos r	se lis	ted	above) who received mo	ore than			
φτου,σου οι compensation πom the organi					,					_		

232008 12-13-22

	-	/111	Check if Schedule O c		rospons	o or poto to any lir	o in this Part VIII			
			Check in Schedule O C	<u>contains a</u>	respons	e or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
àifts, Grants ar Amounts	1	b c	Federated campaigns Membership dues Fundraising events Related organizations		1a 1b 1c 1d					
Contributions, Gifts, Grants and Other Similar Amounts		f	Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in	grants, and above	1e 1f 1g \$	1,139,143. 6,818,664.	-			
Con		-	Total. Add lines 1a-1f		19 14		7,957,807.			
						Business Code				
Ð	2	а	VOLUNTEER FEES			230000	2,777,937.	2,777,937.		
Program Service Revenue	_	~	PROJECT INCOME			230000	942,800.	942,800.		
am S even		c d				-				
ogra Re		e								
P		f	All other program service	revenue						
		g	Total. Add lines 2a-2f		<u></u>		3,720,737.			
	3		Investment income (includ other similar amounts)				-223,164.			-223,164.
	4		Income from investment o		•	•				
	5		Royalties		(i) Real	(ii) Personal	_			
	6		Gross rents	6a			4			
			Less: rental expenses	6b			-			
			Rental income or (loss)	6c						
	7		Net rental income or (loss) Gross amount from sales of		Securities	ii) Other				
	'	а	assets other than inventory	7a	Jecunite	56,093.	1			
		b	Less: cost or other basis							
ne			and sales expenses	7b		19,646.				
Revenue		С	Gain or (loss)	7c		36,447.				
			Net gain or (loss)				36,447.	36,447.		
Other	8		Gross income from fundraisin including \$ contributions reported on	line 1c). S	_ of See					
			Part IV, line 18			Ba	-			
			Less: direct expenses Net income or (loss) from 7		_	Bb				
			Gross income from gamin		~ г					
	-	-	Part IV, line 19			a				
		b	Less: direct expenses)b				
		с	Net income or (loss) from	gaming a	ctivities					
	10	а	Gross sales of inventory, I			140.000				
		Ŀ	and allowances			0a 148,262. 0b 247,788.	-			
			Less: cost of goods sold		_	Ob 247,788.	-99,526.		-99,526.	
-		C	Net income or (loss) from	Sales of I	ivenitory	Business Code	55,520.		55,520.	
snc	11	а	MISCELLANEOUS			900099	263,330.	263,330.		
anec	-	b					· · · · ·	· · · ·		
Miscellaneous Revenue		с								
Alisc		d	All other revenue							
2			Total. Add lines 11a-11d				263,330.			
	12		Total revenue. See instruction	ons			11,655,631.	4,020,514.	-99,526.	-223,164. Form 990 (2022

10

APPALACHIA SERVICE PROJECT, INC.

Form 990 (2022)

Page **9**

62-0989383

APPALACHIA SERVICE PROJECT, INC.

Check if Schedule O contains a respons	(A)		(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising 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				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	214,273.	128,563.	42,855.	42,855
trustees, and key employees6 Compensation not included above to disqualified	214,275.	120,303.	42,055.	42,055
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,717,254.	2,288,664.	252,295.	176,295
 Pension plan accruals and contributions (include 		_,		,_,_,
section 401(k) and 403(b) employer contributions)	121,011.	97,548.	14,469.	8,994
9 Other employee benefits	287,214.	97,548. 231,525.	14,469. 34,341.	8,994 21,348
0 Payroll taxes	208,229.	167,855.	24,897.	15,477
1 Fees for services (nonemployees):	-	-		•
a Management				
b Legal				
c Accounting	37,183.		37,183.	
d Lobbying	72,000.	25,217.	46,783.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch O.)	44,982. 235,342.	44,962.		20 188,274
2 Advertising and promotion	235,342.	47,068.	<u> </u>	188,274
3 Office expenses	409,951.	289,791.	65,930.	54,230
4 Information technology				
5 Royalties				
6 Occupancy	215 702	208,111.	1 0 2 0	E CCA
7 Travel	215,703.	208,111.	1,928.	5,664
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
Interest Payments to affiliates				
2 Depreciation, depletion, and amortization	122,355.	114,940.	6,224.	1,191
3 Insurance	266,230.	247,553.	10,473.	8,204
4 Other expenses. Itemize expenses not covered		,,		0,201
above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a HOME REPAIR AND OTHER P	4,355,530.	4,268,130.	44,274.	43,126
b GROUP EXPENSE	428,368.	428,368.		
c STAFF EXPENSE	216,684.	185,847.	2,697.	28,140
d RANCH AND WAREHOUSE	9,644.	9,644.		
e All other expenses	1,799.	1,799.		
5 Total functional expenses. Add lines 1 through 24e	9,963,752.	8,785,585.	584,349.	593,818
6 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720)				

11

08290710 700842 0404433.002

APPALACHIA	SERVICE	PROJECT,	INC
------------	---------	----------	-----

62-0989383 Page 11

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 4,529,088.1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 589,036.3 4 Accounts receivable, net 589,036.3 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 582,042.8 9 Prepaid expenses and deferred charges 50,322.9 10a 5,070,491. b Less: accumulated depreciation 10a 5,070,491. 11 Investments - publicly traded securities 11 12 Investments - program-related. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 13 300,912.17 14 Tother assets. See Part IV, line 11 13	(B) End of year 5,985,709. 361,899. 361,899. 39,079. 1,579,096. 63,398. 1,714,714.
Beginning of year 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 582, 042. 8 Inventories for sale or use 582, 042. 9 Prepaid expenses and deferred charges 50, 322. 10a 5, 070, 491. 6 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 13 13 Investments - other securities. See Part IV, line 11 13 14 Total assets. See Part IV, line 11 13 15 Other assets. See Part IV, line 11 331, 409. 15 16 Total assets. See Part IV, line 11 300, 912. 17 17	End of year 5,985,709. 361,899. 39,079. 1,579,096. 63,398.
2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 589,036.3 4 Accounts receivables, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 5082,042.8 9 Prepaid expenses and deferred charges 50,322.9 10a 5,070,491. 6 b Less: accumulated depreciation 10a 11 Investments - publicly traded securities 11 12 Investments - publicly traded securities 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 13 14 Intangible assets 14 15 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756.16 16 Total assets. Add lines 1 th	361,899. 39,079. 1,579,096. 63,398.
2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 589,036.3 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 4 6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 582,042.8 9 Prepaid expenses and deferred charges 50,322.9 10a 5,070,491. b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - other securities. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 13 16 Total assets. See Part IV, line 11 13 17 Accounts payable and accrued expenses 300, 912.17 18 Grants payable 20 21 Escrow or custodial account liability. Complete Part I	39,079. 1,579,096. 63,398.
3 Pledges and grants receivable, net 589,036.3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 40,850.7 8 Inventories for sale or use 50,322.9 10a Land, buildings, and depired charges 50,322.9 10a 5,070,491. 10b b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 111 12 Investments - publicly traded securities 111 13 Investments - program-related. See Part IV, line 11 13 14 Intaglibe assets 300,912.17 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756.16 17 Accounts payable and accrued expenses 300,912.17 18 Grants payable and accrued expenses 300,912.17 19 </th <th>39,079. 1,579,096. 63,398.</th>	39,079. 1,579,096. 63,398.
4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 50, 322. 9 9 Prepaid expenses and deferred charges 50, 322. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5, 070, 491. 6 11 Investments - publicly traded securities 11 12 12 11 13 Investments - publicly traded securities 11 12 12 14 Intangible assets 11 13 14 15 Other assets. See Part IV, line 11 13 13 16 Total assets. Add lines 1 through 15 (must equal line 33) 7, 750, 756. 16 17 Accounts payable and accrued expenses 300, 912. 17 18 Grants payable and accrued expenses 20 20 21 <t< th=""><th>1,579,096. 63,398.</th></t<>	1,579,096. 63,398.
5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 40,850. 7 8 Inventories for sale or use 50,322. 9 9 Prepaid expenses and deferred charges 50,322. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 5,070,491. b Less: accumulated depreciation 10b 3,355,777. 1,628,009. 10c 11 Investments - publicly traded securities 11 12 13 14 14 Intangible assets 14 13 14 15 Other assets. See Part IV, line 11 13 14 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756. 16 19 Deferred revenue 571,961. 19 20 Tax-exempt bond liabilities 20 20 21	1,579,096. 63,398.
setup controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 40,850. 7 8 Inventories for sale or use 582,042. 8 9 Prepaid expenses and deferred charges 50,322. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,070,491. b Less: accumulated depreciation 10b 3,355,777. 1,628,009. 10c 11 Investments - publicly traded securities 11 12 11 11 Investments - optogram-related. See Part IV, line 11 13 14 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 300, 912. 17 16 Total assets. Add lines 1 through 15 (must equal line 33) 7, 750, 756. 16 19 Deferred revenue 571, 961. 19 20 Tax-exempt bond liabilities 20 21 21 E	1,579,096. 63,398.
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 40,850.7 8 Inventories for sale or use 582,042.8 9 Prepaid expenses and deferred charges 50,322.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,070,491. b Less: accumulated depreciation 10b 3,355,777.1 1,628,009.10c 11 Investments - publicly traded securities 11 12 11 Investments - program-related. See Part IV, line 11 13 14 14 Intragible assets 14 14 15 Other assets. See Part IV, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756.16 16 19 Deferred revenue 571,961.19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 20 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these	1,579,096. 63,398.
setting under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 40,850.7 8 Inventories for sale or use 582,042.8 9 Prepaid expenses and deferred charges 50,322.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,070,491. b Less: accumulated depreciation 10b 3,355,777.1 1,628,009.10c 11 Investments - publicly traded securities 11 12 11 Investments - other securities. See Part IV, line 11 13 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 331,409.15 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756.16 17 Accounts payable and accrued expenses 300,912.17 18 Grants payable 18 19 Deferred revenue 571,961.19 20 Tax-exempt bond liabilities 20 21 Exorow or custodial account liability. Complete Part IV of Schedule D	1,579,096. 63,398.
7 Notes and loans receivable, net 40,850.7 8 Inventories for sale or use 582,042.8 9 Prepaid expenses and deferred charges 50,322.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,070,491. b Less: accumulated depreciation 10b 3,355,777.1 1,628,009.10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 331,409.15 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756.16 17 Accounts payable and accrued expenses 300,912.17 18 Grants payable 18 19 Deferred revenue 571,961.19 20 Tax-exempt bond liabilities 20 21 Exorow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key emplo	1,579,096. 63,398.
8 Inventories for sale or use 582,042.8 9 Prepaid expenses and deferred charges 50,322.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,070,491. b Less: accumulated depreciation 10b 3,355,777.1 1,628,009.10c 11 Investments - publicly traded securities 11 12 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 11 331,409.15 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756.16 17 Accounts payable and accrued expenses 300,912.17 18 Grants payable 18 19 Deferred revenue 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes	1,579,096. 63,398.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,070,491. b Less: accumulated depreciation 10b 3,355,777. 1,628,009. 10c 11 Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756. 16 17 Accounts payable and accrued expenses 300,912. 17 18 Grants payable 18 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 20 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 23 Secured mortgages and notes payable to unrelated third parties 100,000. 23 24 Unsecured	63,398.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,070,491. b Less: accumulated depreciation 10b 3,355,777. 1,628,009. 10c 11 Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 12 12 13 Investments - other securities. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. Add lines 1 through 15 (must equal line 33) 7,750,756. 16 17 Accounts payable and accrued expenses 300,912. 17 18 Grants payable 18 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 20 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 23 Secured mortgages and notes payable to unrelated third parties 100,000. 23 24 Unsecured notes and loans payable to unrelated third parties 24	
basis. Complete Part VI of Schedule D 10a 5,070,491. b Less: accumulated depreciation 10b 3,355,777. 1,628,009. 10c 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 12 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756. 16 17 Accounts payable and accrued expenses 300,912. 17 18 Grants payable 18 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 20 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 23 Secured mortgages and notes payable to unrelated third parties 100,000. 23 24 Unsecured notes and loans payable to unrelated third parties 24 </th <td>1,714,714.</td>	1,714,714.
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 13 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756.16 17 Accounts payable and accrued expenses 300,912.17 18 Grants payable 18 19 Deferred revenue 571,961.19 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 100,000.23 24 Unsecured notes and loans payable to unrelated third parties 24	1,714,714.
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 11 331, 409. 16 Total assets. Add lines 1 through 15 (must equal line 33) 7, 750, 756. 16 17 Accounts payable and accrued expenses 300, 912. 17 18 Grants payable 18 19 19 Deferred revenue 571, 961. 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 20 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 23 Secured mortgages and notes payable to unrelated third parties 100,000. 23 24 Unsecured notes and loans payable to unrelated third parties 24	1,714,714.
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 11 331,409.15 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756.16 17 Accounts payable and accrued expenses 300,912.17 18 Grants payable 18 19 Deferred revenue 571,961.19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 100,000.23 24 Unsecured notes and loans payable to unrelated third parties 24	
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 331,409.15 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756.16 17 Accounts payable and accrued expenses 300,912.17 18 Grants payable 18 19 Deferred revenue 571,961.19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 100,000.23 24 Unsecured notes and loans payable to unrelated third parties 24	
14Intangible assets1415Other assets. See Part IV, line 11331,409.1516Total assets. Add lines 1 through 15 (must equal line 33)7,750,756.1617Accounts payable and accrued expenses300,912.1718Grants payable1819Deferred revenue571,961.1920Tax-exempt bond liabilities2021Escrow or custodial account liability. Complete Part IV of Schedule D2122Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons2023Secured mortgages and notes payable to unrelated third parties100,000.2324Unsecured notes and loans payable to unrelated third parties24	
15 Other assets. See Part IV, line 11 331,409.15 16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756.16 17 Accounts payable and accrued expenses 300,912.17 18 Grants payable 18 19 Deferred revenue 571,961.19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 100,000.23 24 24	
16 Total assets. Add lines 1 through 15 (must equal line 33) 7,750,756.16 17 Accounts payable and accrued expenses 300,912.17 18 Grants payable 18 19 Deferred revenue 571,961.19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 100,000.23 24 Unsecured notes and loans payable to unrelated third parties 24	0
17 Accounts payable and accrued expenses 300,912.17 18 Grants payable 18 19 Deferred revenue 571,961.19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 100,000.23 24 Unsecured notes and loans payable to unrelated third parties 24	0.742.805
18 Grants payable 18 19 Deferred revenue 571,961. 20 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 100,000. 23 24 Unsecured notes and loans payable to unrelated third parties 24	9,743,895.
19 Deferred revenue 571,961. 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 100,000. 23 24 Unsecured notes and loans payable to unrelated third parties 24	543,959.
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 100,000.23 24 Unsecured notes and loans payable to unrelated third parties	612,674.
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 100,000.23 24 Unsecured notes and loans payable to unrelated third parties	012,074.
22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 100,000.23 24 24	
initial contributor, or 35% 22 initial contributor, or 35% 22 initial controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 100,000.23 24 Unsecured notes and loans payable to unrelated third parties 24	
23 Secured montgages and notes payable to unrelated third parties 100,000,23 24 Unsecured notes and loans payable to unrelated third parties 24	
23 Secured montgages and notes payable to unrelated third parties 100,000,23 24 Unsecured notes and loans payable to unrelated third parties 24	
24 Unsecured notes and loans payable to unrelated third parties 24	117,500.
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D 25	
26 Total liabilities. Add lines 17 through 25 972,873.26	1,274,133.
Organizations that follow FASB ASC 958, check here	
27 Net assets without donor restrictions 5,425,979. 27	4,670,195.
28 Net assets with donor restrictions 1,351,904.28	3,799,567.
Crganizations that do not follow FASB ASC 958, check here	
and complete lines 29 through 33.	
5 29 Capital stock or trust principal, or current funds 29	
30 Paid-in or capital surplus, or land, building, or equipment fund 30	
and complete lines 27, 28, 32, and 33. 5, 425, 979. 27 27 Net assets without donor restrictions 1, 351, 904. 28 28 Net assets with donor restrictions 1, 351, 904. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, or other funds 31 31 32 Total net assets or fund balances 6, 777, 883. 32	
	8,469,762.
33 Total liabilities and net assets/fund balances 7,750,756. 33	9,743,895.

Form 990 (2022)

Form 990 (2022) APPALA

	APPALACHIA SERVICE PROJECT, INC.	62-09	89383	Pag	_{ge} 12
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	11,655		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,963		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,691		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,777	, 8	83.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			_	~ ~
De	column (B))	10	8,469),7	62.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	-	-		
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			77	
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	eaule ().			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			x	1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	^	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			x	1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		(0000)

Form **990** (2022)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2022
	Open to Public Inspection
Employer	identification number

Name of the organization

Nai		APPA	LACHIA SERV	VICE PROJECT	. INC.				2-0989383			
Pa	art I	Reason for Public (ee instructions					
The	organ	ization is not a private found										
1		A church, convention of ch					1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental un	it describe	ed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
7	X											
		section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
		university:										
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershij	o fees, and	d gross receipts from			
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	Ifter June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).					
12		An organization organized a		•	-			•				
		more publicly supported or	•						Check the box on			
		lines 12a through 12d that o	• •					-				
а		Type I. A supporting orga		-	•	-						
		the supported organization			majority o	of the direc	ctors or trustee	s of the su	ipporting			
		organization. You must o	-									
b		Type II. A supporting org	-				-		-			
		control or management o			ame perso	ns that co	ntrol or manage	e the supp	ported			
		organization(s). You mus			in connect	ion with a		intograta	d with			
C		J Type III functionally inte					-	/ integrate	a with,			
		its supported organization		-				ad araani-	ration(a)			
c		J Type III non-functionally that is not functionally int						-				
		requirement (see instructi			•		-		101055			
e	、	Check this box if the orga	•	•				Type III				
	•	-					турсі, турсі	, type iii				
f	F Ente	functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations										
c		vide the following information	•	d organization(s).								
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)			
Tota	al											
100	ul								1			

Schedule A (Form 990) 2022 Part II Support Sch

APPALACHIA SERVICE PROJECT, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4608493.	5436125.	5102673.	3672550.	7957807.	26777648.
2	Tax revenues levied for the organ-						
	ization'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	4608493.	5436125.	5102673.	3672550.	7957807.	26777648.
5	The portion of total contributions						
	by 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)						2114838.
	Public support. Subtract line 5 from line 4.						24662810.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	4608493.	5436125.	5102673.	3672550.	7957807.	26777648.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	36,917.	174,546.	142,236.	141,862.	-223,164.	272,397.
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.)	12,437.	258,331.	906,218.	987,672.	263,330.	
11	Total support. Add lines 7 through 10						29478033.
	Gross receipts from related activities,	`	,				,898,784.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stop	bhere	-				
	ction C. Computation of Publi		-				
	Public support percentage for 2022 (I					14	83.67 %
	Public support percentage from 2021					15	84.54 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	•	VI how the organiz	zation
	meets the facts-and-circumstances te	•		,	•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n dia not check a	box on line 13, 16a	a, 100, 17a, or 17b	, check this dox a		s
							1 0111 330 2022

232022 12-09-22

Schedule A	(Form	990	2022
		000	1 2022

APPALACHIA SERVICE PROJECT, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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 disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	Ĺ					
14	First 5 years. If the Form 990 is for the	-			-		
0	check this box and stop here	- 0					
	tion C. Computation of Publi						
	Public support percentage for 2022 (I					15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	Investment income percentage for 20			no 13 column (f)		17	%
	Investment income percentage for					18	<u>%</u>
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-09-22		,	,			le A (Form 990) 2022
			16				

^{2022.04000} APPALACHIA SERVICE PROJEC 04044331

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

232024 12-09-22

che	dule A (Form 990) 2022	APPALACHIA SERVICE PROJECT, INC.	62-098	938	3 Pa	age 5
Pa	rt IV Supporting Orga	nizations (continued)				
			_		Yes	No
11	Has the organization accepte	ed a gift or contribution from any of the following persons?				
а	A person who directly or indi	rectly controls, either alone or together with persons described on lines 11b and				
	11c below, the governing bo	dy of a supported organization?		11a		
b	A family member of a person	described on line 11a above?		11b		
с	A 35% controlled entity of a p	person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide				
	In the this Dort VI			110	.	

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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		
Sec	tion 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			

were a majority of the organization's directors of trustees during the tax year also a majority of the directors
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Section D. All Type III Supporting Organizations

		Yes	s 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 on line 2, above, 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	

Section 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	t during the year (see instructions)	١.
---	--------------------------------------	----

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

С		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental enti	y (see instruction <u>s).</u>
---	--	---	--	-------------------------------

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

232025 12-09-22

Schedule A (Form 990) 2022

08290710 700842 0404433.002

			62-0989383 Page
rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions
All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must ion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtra	tv Type III Non-Functionally Integrated 509(a)(3) Supporting Orga Check here if the organization satisfied the Integral Part Test as a qualifying trust or All other Type III non-functionally integrated supporting organizations must complet ion A - Adjusted Net Income 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets <td>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ion A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 4 Adjusted Net Income (A) Prior Year Net expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount (A) Prior Year Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a <td< td=""></td<></td>	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ion A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 4 Adjusted Net Income (A) Prior Year Net expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount (A) Prior Year Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a <td< td=""></td<>

5 6

7

8

1

2

3

4 5

6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

Current Year

232026 12-09-22

6

7

8

4

5

6

7

Multiply line 5 by 0.035.

Section C - Distributable Amount

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

2 Enter 0.85 of line 1.

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

emergency temporary reduction (see instructions).

5 Net value of non-exempt-use assets (subtract line 4 from line 3)

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

08290710 700842 0404433.002

APPALACHIA	SERVICE	PROJECT,	INC.

		RVICE PROJECT,		6	2-0989383	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)		
Secti	on D - Distributions				Current Ye	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		1	10		
Section E - Distribution Allocations (see instructions) (i) Un				าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, <i>explain in</i>					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

APPALACHIA SERVICE PROJECT, INC.

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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS			
2018 AMOUNT: \$	12,437.		
2019 AMOUNT: \$	258,331.		
2020 AMOUNT: \$	282,713.		
2021 AMOUNT: \$	374,582.		
2022 AMOUNT: \$	263,330.		
PPP LOAN FORGIVE	ENESS		
2020 AMOUNT: \$	623,505.		
2021 AMOUNT: \$	613,090.		
232028 12-09-22		21	Schedule A (Form 990) 2022

SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	2022					
	ZUZZ					
Department of the Treasury	Open to Public Inspection					
Internal Revenue Service		to www.irs.gov/Form990 for in				-
-		Form 990, Part IV, line 3, or For plete Parts I-A and B. Do not com		ie 46 (Political Campa	aign Act	ivities), then
		1(c)(3)) organizations: Complete F	•	Do not complete Part	I-B	
 Section 501(c) (other Section 527 organization 			and the delow.	Do not complete r art	ι.	
•	•	Form 990, Part IV, line 4, or Fo	rm 990-EZ. Part VI. lii	ne 47 (Lobbving Activ	/ities). th	nen
-		nave filed Form 5768 (election und				
 Section 501(c)(3) org 	ganizations that h	nave NOT filed Form 5768 (electio	n under section 501(h)): Complete Part II-B.	Do not c	complete Part II-A.
If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate i	nstructions) or Form	990-EZ,	, Part V, line 35c (Proxy
Tax) (See separate inst						
), or (6) organizat	ions: Complete Part III.			F aran Lawa	
Name of organization						er identification number
Part I-A Compl		HIA SERVICE PROJE anization is exempt unde		r is a section 52		62-0989383
	ete il tile org				<i>i</i> orga	
1 Provide a descripti	on of the organiz	ation's direct and indirect politica	l campaign activities ir	n Part IV		
2 Political campaign					\$	
3 Volunteer hours for	, ,					
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
1 Enter the amount o	of any excise tax i	incurred by the organization unde	r section 4955			
		incurred by organization manager				
		n 4955 tax, did it file Form 4720 fo				Yes No
						Yes No
b If "Yes," describe in Part I-C Compl		anization is exempt unde	r section $501(c)$	excent section 5	01(~)(3	a
	-	-		-		·/·
		by the filing organization for sect ization's funds contributed to othe			Þ_	
exempt function ac			-		\$	
•		. Add lines 1 and 2. Enter here an			·· •	
	-				\$	
						Yes No
5 Enter the names, a	ddresses and em	ployer identification number (EIN) of all section 527 pol	itical organizations to	which th	e filing organization
		tion listed, enter the amount paid				
		omptly and directly delivered to a		,	parate se	egregated fund or a
		additional space is needed, provid				
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid f filing organizatio		(e) Amount of political ontributions received and
				funds. If none, ente		promptly and directly
						delivered to a separate political organization.
						If none, enter -0
					T	
	ion Act Nation	see the Instructions for Form 90	 0. or 990-E7	1		edule C (Form 990) 2022

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

Schedule C (Form 990) 2022

232041 11-08-22

Schedule C (Form 990) 2022	APPALA	ACHIA	SERVICE PRO	JECT, INC.		989383 Page 2			
Part II-A Complete if the orga section 501(h)).	anizatio	n is exer	npt under sectior	1 501(C)(3) and file	ea Form 5768 (ele	ection under			
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).									
			nd "limited control" pro	wisions apply					
B Check if the filing organizati	ION CHECK	eu dox A ar	ia inflited control pro	ivisions apply.	(a) Filing	(b) Affiliated group			
		ying Exper eans amou	nditures nts paid or incurred.)		organization's totals	totals			
1a Total lobbying expenditures to influe	ence publi	c opinion (g	grassroots lobbying)						
b Total lobbying expenditures to influe	ence a leg	islative bod	y (direct lobbying)						
c Total lobbying expenditures (add lin	es 1a and	1b)							
d Other exempt purpose expenditures	s								
e Total exempt purpose expenditures	(add lines	1c and 1d)						
f Lobbying nontaxable amount. Enter	the amou	int from the	following table in both	n columns.					
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:					
Not over \$500,000		20% of 1	the amount on line 1e.						
Over \$500,000 but not over \$1,000,	,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.					
Over \$1,000,000 but not over \$1,50	0,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.					
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.					
Over \$17,000,000		\$1,000,	000.						
g Grassroots nontaxable amount (ente	er 25% of	line 1f)							
h Subtract line 1g from line 1a. If zero	or less, e	nter -0							
i Subtract line 1f from line 1c. If zero	or less, er	nter -0							
j If there is an amount other than zero	o on eithei	line 1h or	ine 1i, did the organiza	ation file Form 4720					
reporting section 4911 tax for this y	ear?					Yes No			
		4-Year Ave	eraging Period Under	Section 501(h)					
(Some organizations the			01(h) election do not l ate instructions for lir		of the five columns be	elow.			
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total			
2a Lobbying nontaxable amount									
b Lobbying ceiling amount									
(150% of line 2a, column(e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount									
(150% of line 2d, column (e))									
f Grassroots lobbying expenditures									

Schedule C (Form 990) 2022

232042 11-08-22

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(t)
of the	obbying activity.	Yes	No	Amo	ount
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:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		<u>X</u>		
	Media advertisements?		<u>X</u>		
d	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?	X		12	2,000.
-	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
	Total. Add lines 1c through 1i			12	2,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		•	P	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	o), or sec	tion	
	501(c)(6).			Maa	N.
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th			1	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		2b		
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions	<u></u>	5		
Par	t IV Supplemental Information				
Prov	de 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	A, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

232043 11-08-22

	HEDULE D	tements	ŀ		545-00, DD	<u>47</u>		
(Forn	n 990)	Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" or , 11a, 11b, 11c, 11d, 11e, 11	n Form 990, 1f, 12a, or 12b.	2022			
	ment of the Treasury I Revenue Service		Attach to Form 990. O for instructions and the la	atest information.		Open to Inspect		ic
	e of the organizati				Employer i	dentificatio		nber
	-	APPALACHIA SERVICE			62	2-09893	383	
Par	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Simi	ilar Funds or Ac	counts. c	complete if t	ne	
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor advised fu	inds (b) Funds and	other accou	unts	
1	Total number at er	nd of year						
2		f contributions to (during year)						
3		f grants from (during year)						
4		t end of year						
5	U	on inform all donors and donor advisors in	0			<u> </u>		٦
-		n's property, subject to the organization's				Yes		No
6	0	on inform all grantees, donors, and donor a	°					
		oses and not for the benefit of the donor o	r donor advisor, or for any ot		0	V 22		1
Par	impermissible priv	ation Easements. Complete if the or				Yes		No
2	Preservation Complete lines 2a	f natural habitat I of open space through 2d if the organization held a quali		reservation of a certii n in the form of a cor	servation eas	sement on tl		
	day of the tax year					t the End of th	ie Tax	Year
					2a			
b	•				2b			
		vation easements on a certified historic structure			2c			
a		vation easements included in (c) acquired a isted in the National Register	• • •		2d			
3		vation easements modified, transferred, rel	eased extinguished or termi			the tax		
Ŭ	year			indice by the organi	Lation during			
4		where property subject to conservation eas	sement is located					
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection,	handling of				
	violations, and enf	orcement of the conservation easements it	holds?	-		Yes		No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and er	nforcing conservatio	n easements	during the y	ear	
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforce	ing conservation eas	ements durin	ig the year		
8		vation easement reported on line 2(d) abov	• •					1
		(4)(B)(ii)?				Yes		No
9		be how the organization reports conservati		•				
	,	d include, if applicable, the text of the footr	iote to the organization's fina	ancial statements tha	it describes th	le		
Par	rt III Organization's acc	ounting for conservation easements. ations Maintaining Collections of	Art. Historical Treasu	res, or Other S	imilar Asse	ets.		
		the organization answered "Yes" on Form						
1 a		elected, as permitted under FASB ASC 95		e statement and bala	nce sheet wo	orks		
	U U	easures, or other similar assets held for put						

of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthe
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990. Part VIII. line 1

		Ψ
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	le
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
232051	09-01-22	

Sche	dule D (Form 990) 2022 APPALAC	HIA SERVICE	E PROJECI	, INC.			52-09			age 2
Par	t III Organizations Maintaining C	Collections of Art	t, Historical	Freasures, o	r Other	Similar	Assets	contin	nued)	
3	Using the organization's acquisition, accessi	ion, and other records	s, check any of t	he following tha	t make sig	nificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d	I 📃 Loan or	exchange progra	am					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they furthe	er the organization	on's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, historical t	reasures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiz	ation answered	"Yes" on F	orm 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod							٦		٦
	on Form 990, Part X?						∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					Amoun	+	
	Device in the law of							Amoun	ι	
	Beginning balance									
	Additions during the year									
f	Distributions during the year					1f				
' 2a	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.		-]
Par										
	•	(a) Current year	(b) Prior year		· · ·		ears back	(e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, columi	n (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	_%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held	d and administer	red for the)		í		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			R?				3b		
4 Dar	t VI Land, Buildings, and Equipm		wment funds.							
T ai	Complete if the organization answere		Dart IV line 11	a See Form 990) Dart X li	ine 10				
							4		L volu	
	Description of property	(a) Cost or o basis (investn	• • •	Cost or other sis (other)		cumulate reciation	u	(d) Boo	r valu	e
4-	Land		,	619,705.		. solution		61	9,7	05
	Land			122,719.	1 2	14,85	3.		7, 8	
	Buildings Leasehold improvements		<u> </u>			<u></u> ,0.	, 		,,0	
			2	328,067.	2 1	40,92	24.	18	7,1	43.
	EquipmentOther		<u> </u>						. , -	
	Add lines 1a through 1e. (Column (d) must e		X column (P) lin	e 10c)	1			1,71	4.7	14.
Total	n Add miles fa through fe. (Columnia) Must e	equal FOITT 990, Parts	<u>л, сошни (в), Ш</u>			<u></u>	·····	<u> </u>	- / / .	

Schedule D (Form 990) 2022

232052 09-01-22

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	h) must aqual Form 000, Dart V, and (B) line 12.)			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	-	Description	, ,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	Imn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
TartA	Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11a or 11f See Form 990 Part X line 25	
4	(a) Description of liability	off 1 off 1 000, 1 art 10, int		. (b) Book value
1. (1) Fec	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line			
2. Liability	for uncertain tax positions. In Part XIII, provide	the text of the footnote t	to the organization's financial statements t	hat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

08290710 700842 0404433.002

(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 held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		

Sche	dule D (Form 990) 2022 APPALACHIA SERVICE PROJECT,	INC.		62-	0989383	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Re				0
	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	11,903,	419.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		247,788.			
е	Add lines 2a through 2d			2e		788.
3	Subtract line 2e from line 1			3	11,655,	631.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		·····	5	11,655,	631.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With E	xpenses per F	letur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	10,211,	540.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С						
	Other losses	2c				
d	Other (Describe in Part XIII.)	2c 2d	247,788.			
	Other (Describe in Part XIII.) Add lines 2a through 2d	2c 2d		2e		788.
	Other (Describe in Part XIII.)	2c 2d		2e 3	247, 9,963,	
е	Other (Describe in Part XIII.) Add lines 2a through 2d	2c 2d				
е 3	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2c 2d 4a				
е 3 4	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2c 2d 4a				752.
e 3 4 a b	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2c 2d 4a 4b		3 4c	9,963,	0.
e 3 4 a b c 5	Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2c 2d 4a 4b		3		0.

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD ON 990 REPORTED AS EXPENSES IN FINANCIAL

STATEMENTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD ON 990 REPORTED AS EXPENSES IN FINANCIAL

STATEMENTS

232054 09-01-22

SCHEDULE G	Suppleme	ntal Information Re	egarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		Attach to	Form 990 o	r Forr	n 990	-EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990	0 for instruc	tions	and th	ne latest information	n.		Inspection
Name of the organization									entification number
		HIA SERVICE I		· ·				62-098	
	complete this part	Complete if the organiz	ation answe	red "Y	es" or	n Form 990, Part IV, I	ine 17	7. Form 990-E	Z filers are not
 a X Mail solicitat b X Internet and c X Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations itations plicitations on have a written o ted in Form 990, Pa	ed funds through any of e [f [g] r oral agreement with an art VII) or entity in conner viduals or entities (fundra	Solicitat X Solicitat Special y individual ction with p	tion of tion of fundra (incluc	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	tees,	X Ye	
compensated at le	•	•			agreer				
(i) Name and addres or entity (fund		(ii) Activity		(iii) fundr have c or cor contrib	Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained byj fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
Total									
3 List all states in wh	ich the organizatio	n is registered or license	d to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration

or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

Schedule G (Form 990) 2022

232081 10-27-22

APPALACHIA SERVICE PROJECT, INC.

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form	n 990, Part IV, line 18, or reported more than \$15,000
	of fundations around contributions and mean income on Form 000 FZ lines 1 and	

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ant					(1010111201)	
Revenue	1	Gross receipts				
ň						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Se	Ŭ					
Direct Expense	6	Rent/facility costs				
ă						
ect l	7	Food and beverages				
Dir						
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line				
Pa	irt I			990. Part IV. line 19. or r		
		\$15,000 on Form 990-EZ, line 6a.				
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Enige	bingo/progressive bingo		col. (a) through col. (c))
Ječ						
	1	Gross revenue				
	2	Cash prizes				
ses	2					
ben	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
	5	Other direct expenses			<u> </u>	
	_		Yes%	└── Yes %	Yes%	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b) If "	No," explain:				
10-2	We	ere any of the organization's gaming licenses re	voked suspended or te	rminated during the tax w	ear?	Yes No
		Yes," explain:			ou	
-		· ·				
	_					
2320	32 10)-27-22			Sche	dule G (Form 990) 2022
					20110	······································

Schedule G (Form 990) 2022	APPALACHIA	SERVICE	PROJECT,	INC.	62-0	989383	Page 3
11 Does the organization conduct g	aming activities with no	nmembers?				Yes	No
12 Is the organization a grantor, be							_
to administer charitable gaming						Yes	└── No
13 Indicate the percentage of gamin a The organization's facility						13a	%
b An outside facility						13b	<u></u> %
14 Enter the name and address of t							
Name							
Address							
15a Does the organization have a co	ntract with a third party	from whom the o	organization rece	ives gaming revenue?		Yes	No No
b If "Vac " optor the amount of an	ming revenue received b	v the ergenizatio	e e	and the	amount		
b If "Yes," enter the amount of gar of gaming revenue retained by the second		y the organizatio	on \$		amount		
c If "Yes," enter name and address							
Name							
Address							
16 Gaming manager information:							
Name							
Gaming manager compensation	\$						
Description of services provided							
Director/officer	Employee	lnde	pendent contract	tor			
47 Marsolatory distributions							
17 Mandatory distributions:a Is the organization required under	er state law to make cha	ritable distributio	ons from the gam	ing proceeds to			
retain the state gaming license?						Yes	🗌 No
b Enter the amount of distributions	s required under state la						
organization's own exempt activ Part IV Supplemental Info		\$	wined by Dent L li			t III linna O	06 106
15b, 15c, 16, and 17b, a					v), and Par	t III, III es 9,	90, 100,
, , , , , .		,,,					
232083 10-27-22		~			Schedu	ule G (Form	990) 2022
		3'	1				

Schedule G	
Dout IV	Cummlan

Part IV	Supplemental Information	(continued)
232084 04-01-	22	Schedule G (Form 990)

232084 04-01-22

SCHEDULE I		G	ants and Oth	er Assistan	ce to Organ	izations.		OMB	lo. 1545-0047	
(Form 990)		Go	vernments, an ete if the organization	d Individual	ls in the Ŭni	ted States		2	022	
Department of the Treasury		Compr	ete il the organization	Attach to Forn		rt iv, inte z i or zz.		Oper	n to Public	
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.			spection	
Name of the organizat	ion			-				Employer identific	ation number	
	APPALACHI.	A SERVICE	PROJECT, II	NC.					989383	
Part I General I	nformation on Grants a	nd Assistance								
1 Does the organiz										
	award the grants or assis							X Ye	s No	
	IV the organization's pro									
	d Other Assistance to I	-				anization answered "Y	es" on Form 990, Part	t IV, line 21, for any		
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (h) Purpos										
						other				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

APPALACHIA SERVICE PROJECT, INC. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	I Iditional information.	I

40

Schedule I (Form 990) 2022

62-0989383

Page 2

SC	HEDULE J	Compensation Information		OMB No.	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees		20	22	-
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1		identificatio		nber
		APPALACHIA SERVICE PROJECT, INC.	62-	098938	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel X Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary :	ır, chef)				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х	
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		X
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior	o committee Written employment contract				
	Independent of	ompensation consultant Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		<u>4a</u>		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
С	-	eive payment from an equity-based compensation arrangement?		4c		x
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	_					
_)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					37
а	The organization?			<u>5a</u>		X
b		ation?		<u>5b</u>		X
_		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r			-		37
						X
b		ation?		<u>6b</u>		X
_		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			77
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sche	dule J (Forn	n 990)	2022

232111 10-18-22

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferre on prior Form 990	
(1) DR. WALTER CROUCH	(i)	170,204.	0.	0.	0.	44,069.	214,273.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



Employer identification number 62-0989383

FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION HIRES A CONSULTANT TO PERFORM THE FUNCTIONS OF A CHIEF

FINANCIAL OFFICER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD, CFO AND CEO REVIEW FORM 990 PRIOR TO FILING.

APPALACHIA SERVICE PROJECT

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY WITH EACH

BOARD MEMBER AND EMPLOYEE.

FORM 990, PART VI, SECTION B, LINE 15:

THE REQUIREMENTS AND COMPENSATION OF THE EXECUTIVE DIRECTOR ARE REVIEWED

AND APPROVED BY THE BOARD OF DIRECTORS ANNUALLY.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT

NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, HI

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC VIA THE

ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT PROCESS FOR THE AUDIT HAS NOT CHANGED.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

44

lame of the organization					Employer identification numb
	APPALACHIA	SERVICE	PROJECT,	INC.	62-0989383
2212 10-28-22					Schedule O (Form 990) 20

^{2022.04000} APPALACHIA SERVICE PROJEC 04044331

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

Name APPALACHIA SERVICE PROJECT, INC.	Employer Identification Number 62-0989383
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL POST-2017 NET OPERATING LOSS - RESALE OF ASP M	IERCHAN 631,546.
FEDERAL PRE-2018 NET OPERATING LOSS	577,190.

E APPALACHIA SE	RVICE PROJECT	INC.							FEIN:	62-0989383
	ALE OF ASP ME			DETAIL C	ARRYOVER SCH	EDULE				
Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
8 111,273. 9 86,426. 0 61,481. 1 112,894.										
2 239,472.										
E Amount I S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
	e and Entity: RES n 382 Annual Limitation Carryover Amount 8 111, 273. 9 86, 426. 0 61, 481. 1 112, 894. 2 259, 472.	e and Entity: RESALE OF ASP MET n 382 Annual Limitation Carryover Amount Mount 1 111, 273. 9 86, 426. 0 61, 481. 1 112, 894. 2 259, 472. E Amount Amount Amount	n 382 Annual Limitation Section 382 Carryover Original Total Carryover Amount Amount Used 8 111, 273. 9 86, 426. 0 61, 481. 1 112, 894. 2 259, 472.	e and Entity: RESALE OF ASP MERCHAND POST-2017 NO n 382 Annual Limitation Section 382 Carryover Amount Used for Used for Carryover Amount Used for 8 111,273. 9 86,426. 0 61,481. 1 112,894. 2 259,472. E Amount Amount Amount Amount Amount	and Entity: RESALE OF ASP MERCHAND POST-2017 NO DETAIL C n 382 Annual Limitation Section 382 Carryover Amount Amount Carryover Amount Used for Used for Used for Amount Used 0 0 111, 273. 9 86, 426. 0 0 61, 481. 0 0 0 112, 894. 0 <t< th=""><th>and Entity: RESALE OF ASP MERCHAND POST-2017 NO DETAIL CARRYOVER SCH n 382 Annual Limitation Section 382 Carryover Amount Amount Amount Mount Amount Used for Used for Used for Used for Used for Isection 382 Carryover 8 111, 273. 9 86, 426. 0 0 61, 481. 0 0 0 61, 481. 0</th><th>and Entity: RESALE OF ASP MERCHAND POST-2017 NO DETAIL CARRYOVER SCHEDULE n 82 Annual Limitation Section 382 Carryover Amount Amount Used for Used f</th><th>Pand Entity: RESALE OF ASP MERCHAND POST-2017 NO DETAIL CARRYOVER SCHEDULE new mail Limitation Section 382 Carryover Amount Amount Mount Used for Used for</th></t<> <th>and Entity: REALE OF ASP MERCHAND POST-2017 NO DETAIL CARRYOVER SCHEDULE n 382 Annual Limitation Section 382 Carryover Amount Mount Mount Mount Mount Mount Mount Mount Used for Used</th> <th>and Entity: REALE OF ASP MERCHAND POST-2017 N0 DETAL CARRYOVER SCHEDULE Note: The section 382 compose Amount Amount Amount Amount Mount Mou</th>	and Entity: RESALE OF ASP MERCHAND POST-2017 NO DETAIL CARRYOVER SCH n 382 Annual Limitation Section 382 Carryover Amount Amount Amount Mount Amount Used for Used for Used for Used for Used for Isection 382 Carryover 8 111, 273. 9 86, 426. 0 0 61, 481. 0 0 0 61, 481. 0	and Entity: RESALE OF ASP MERCHAND POST-2017 NO DETAIL CARRYOVER SCHEDULE n 82 Annual Limitation Section 382 Carryover Amount Amount Used for Used f	Pand Entity: RESALE OF ASP MERCHAND POST-2017 NO DETAIL CARRYOVER SCHEDULE new mail Limitation Section 382 Carryover Amount Amount Mount Used for Used for	and Entity: REALE OF ASP MERCHAND POST-2017 NO DETAIL CARRYOVER SCHEDULE n 382 Annual Limitation Section 382 Carryover Amount Mount Mount Mount Mount Mount Mount Mount Used for Used	and Entity: REALE OF ASP MERCHAND POST-2017 N0 DETAL CARRYOVER SCHEDULE Note: The section 382 compose Amount Amount Amount Amount Mount Mou

212571 04-01-22

Name	APPALACHIA SE	RVICE PROJECT	INC.							FEIN:	62-0989383
	and Entity: PRE 1382 Annual Limitation	E-2018 NOL FE	D Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Year Origi nateo	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 201 B 201 C 201 D 201 E 201 F 201 G H H J K L M N O P Q R S S T	3 87,986. 4 84,457. 5 94,546. 6 140,387.										
U V W Detai Type	E Amount S Used for B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Arnount Used for	Arnount Used for
A B C D E F G H L J K L M N O P Q R S T U V											
Ú V W											

R	879-TE		IRS e-file Signature Autho for a Tax Exempt Ent	rization itv		OMB No. 1545-0047
Form $lacksquare$		For calendar year 202	2, or fiscal year beginning, 2022, and end	-	20	0000
			Do not send to the IRS. Keep for your r			2022
	ent of the Treasury Revenue Service		Go to www.irs.gov/Form8879TE for the latest			
Name o	f filer				EIN or SSN	
	APPALA	CHIA SERV	ICE PROJECT, INC.		62-098	9383
Name a	nd title of officer or pe	rson subject to tax	GREG DEGENNARO			
			CFO			
			turn Information			
Form 5 or 10a whiche	330 filers may ente below, and the amo	r dollars and cents ount on that line fo	e using this Form 8879-TE and enter the applical For all other forms, enter whole dollars only. If y the return being filed with this form was blank, t D-). But, if you entered -0- on the return, then enter	ou check the box on line hen leave line 1b, 2b,	ne 1a, 2a, 3a 3b, 4b, 5b, 6l	, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b,
1a	Form 990 check h	nere	b Total revenue, if any (Form 990, Part VIII,	column (A), line 12)	1	b
2a	Form 990-EZ che	eck here	b Total revenue, if any (Form 990-EZ, line 9)			b
3a	Form 1120-POL	check here	b Total tax (Form 1120-POL, line 22)			b
4a	Form 990-PF che		b Tax based on investment income (Form 9			b
5a	Form 8868 check		b Balance due (Form 8868, line 3c)			b0.
6a	Form 990-T chec		b Total tax (Form 990-T, Part III, line 4)		6	b0.
7a	Form 4720 check		b Total tax (Form 4720, Part III, line 1)			b
8a	Form 5227 check		b FMV of assets at end of tax year (Form 5	227, Item D)	8	b
9a	Form 5330 check		b Tax due (Form 5330, Part II, line 19)		9	
	Form 8038-CP ct		b Amount of credit payment requested (Fo ture Authorization of Officer or Perso	orm 8038-CP, Part III, li	ine 22) 1	0b
Part						
			I am an officer of the above entity or I am			-
of entit			, (EIN), edules and statements, and, to the best of my k			
financi later th payme person PIN: cl	al institution to debi an 2 business days nt of taxes to receiv al identification nun heck one box only	It the entry to this a prior to the payme re confidential infor nber (PIN) as my si	ated in the tax preparation software for payment ccount. To revoke a payment, I must contact the nt (settlement) date. I also authorize the financial mation necessary to answer inquiries and resolve gnature for the electronic return and, if applicable RDS & COMPANY, LLP	 U.S. Treasury Financ l institutions involved in e issues related to the e, the consent to electric the consent to electric 	ial Agent at 1-4 n the processi payment. I ha ronic funds wit	888-353-4537 no ng of the electronic ve selected a thdrawal.
L	A l authorize BR	OWN, EDWA		to	enter my PIN	Enter five numbers, but
			ERO firm name			do not enter all zeros
	with a state age on the return's c As an officer or return. If I have i	ncy(ies) regulating lisclosure consent person subject to t ndicated within thi	22 electronically filed return. If I have indicated w charities as part of the IRS Fed/State program, I screen. ax with respect to the entity, I will enter my PIN a s return that a copy of the return is being filed wi my PIN on the return's disclosure consent scree	also authorize the afor as my signature on the th a state agency(ies) r	tax year 2022	RO to enter my PIN electronically filed
Signature	of officer or person subje	0 /	,		Date	
Part	III Certifica	tion and Auth	entication		Duit	
ERO's	EFIN/PIN. Enter yo	our six-digit electro	nic filing identification			
numbe	er (EFIN) followed by	your five-digit self	selected PIN.	Do not enter all zeros		
submit			IN, which is my signature on the 2022 electronica requirements of Pub. 4163, Modernized e-File (I	ally filed return indicate		
ERO's s	ignature <u>BRO</u>	WN, EDWAR	DS & COMPANY, LLP	Date07/	10/23	
			ERO Must Retain This Form - See Ins	etructione		
		Do Not S	ubmit This Form to the IRS Unless Re		So	
	or Privacy Act and		ction Act Notice, see instructions.			orm 8879-TE (2022)
	or Frivacy Act and		Cuon Act Nouce, see insu ucuons.		ſ	(2022)
202521	12-16-22		49			

08290710 700842 0404433.002

2022.04000 APPALACHIA SERVICE PROJEC 04044331

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru-	Taxpayer	Taxpayer identification number (TIN)			
print	APPALACHIA SERVICE PROJECT,	TNC.			62-09	89383
File by the due date for filing your			ions.			
return. See instructions	-		ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			0 7
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
Form 99	0-T (corporation) SUSAN MILLER	07				
 If the If this box > 1 I reaction 2 If t 	hone No. ► (423) - 854 - 8800 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ► (equest an automatic 6-month extension of time until e organization named above. The extension is for the orga X calendar year 2022 or tax year beginning he tax year entered in line 1 is for less than 12 months, cl Change in accounting period	Group Exe and atta NOVEN anization's , an heck reasc	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>MBER 15, 2023</u> , to file return for: d ending on: Initial return	f this is fo all memb	r the whole g ers the exten npt organizat 	roup, check this sion is for.
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
b lft	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
es	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b				0.	
c Ba	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					
us	ing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879	TE for payment
LHA I	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ictions.		Form 8	868 (Rev. 1-2022)

223841 04-01-22

Fam 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) One two instantion (and proxy tax under section 6033(e)) One two instantion (and proxy tax under section 6033(e)) Doed two instantion (and proxy tax under section 6033(e)) Doed two instantion (and proxy tax under section for instructions and the latest information. (b) on ether 584 multiple of the free address shanded, (b) (c) (a) (b) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)				EXTENDED TO NOVEMBER 15, 2023	-	
Dependence of the Treasury mean december details and the target province of the province of the province of the target province of the treasury mean december details and the target province of the target pr	Form 990-	Т	E	exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
Description Go to www.irs.gov/Form990T for instructions and the latest information. Description A Check box if address changed. Name of organization (Check box if name changed and see instructions.) Denotype description and the latest information. B Check box if address changed. Name of organization (Check box if name changed and see instructions.) Denotype description number (0) (0) (2) (2) (0) (0) (2) (0) (0) (0) (0) (2) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0				. (and proxy tax under section 6033(e))		
Detection Do not enter SN numbers on this form as it may be made public if your organization is a 501(c)(3). Detection underection underection underection underection underection underection underection underection underection. A Check box if additional based of the section of the section. Detection underection underection underection underection underection underection underection underection underection of the section of the section. Econe section underection underection underection underection underection underection underection underection underection. G Check organization type Z 501(c) Corporation I at PO. box, see instructions. E forme section underection underection underection underection underection underection underection underection underection. G Check organization type Z 501(c) corporation I at PO. box, see instructions. P 743,895. an amended return. G Check organization type Z 501(c) corporation I at PO. box of thing a consolidated return with a 501(c)(2) titleholding corporation I an amended return. J Enter the number of attached Schedules A (Form 990-T) 1 K K Nonight tax sets corporation. I Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). 2 3 A data lines 1 and 2 S S S S S			For cal	endar year 2022 or other tax year beginning, and ending		2022
Intervenue Service De not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Stright Cognitization Chip's destination number of address changed. A Dheck how if address changed. Print AppALACHIA SERVICE PROJECT, INC. 62–0989383 B Exempt under section Type AppALACHIA SERVICE PROJECT, INC. 62–0989383 Age(e) 200(a) Type Check box if and on or sull en Change self self self self self self self sel	Department of the T	Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.		
A Other tox II Other tox II Other tox II Other tox III address transaction APPALACHIA SERVICE PROJECT, INC. 62-0989383 B Exempt under section Immine; stread mom or subta on II a P.D. box, see instructions. 62-0989383 408(a) 220(a) Type 4523 BRISTOL HIGHWAY 62-0989383 G Check organization type Immine; stread mom or subta on II a P.D. box, see instructions. F Check box if G Check organization type IX 501(a) Corporation 501(b) trust 401(a) trust Other trust State college/university H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 1 Check if a 501(a) Corporation so01(a) Claim a refund shown on Form 2439 1 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes Yes Xes I Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 2 Add lines 1 and 2 Subtract line 6 from lines 5 5 0 4 Charitable contributions (see instructions for impacting			[o not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		
X S01(C) (3) 0 or Aunder, Street, and room or suite no. If a P.0. box, see instructions. ECoop. exemption number (4523 BRISTOL HIGHWAY) 0 0404 (a) 330(a) 529(a) 529(a) 529(a) 529(a) 529(a) 529(a) 529(a) 529(a) X 501(c) trus 37601-2937 F Check bit assets at end of year 9,743,895. C Cook value of all assets at end of year 9,743,895. To check bit assets at end of year 9,743,895. C Cook value of all assets at end of year 9,743,895. To check bit assets at end of year 9,743,895. C Cook value of all assets at end of year 9,743,895. To check bit assets at end of year 9,743,895. D Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation 1 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent subsidiary controlled group? Yes Yes X No If 'Yes,' enter the name and identifying number of the parent corporation. Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 2 3 A chaines 1 and 2 2 <td></td> <td></td> <td></td> <td>Name of organization (Check box if name changed and see instructions.)</td> <td>DEmplo</td> <td>oyer identification number</td>				Name of organization (Check box if name changed and see instructions.)	DEmplo	oyer identification number
Image: State and the state state state in the state state state and the state and the state state	B Exempt unde	er section	Print	APPALACHIA SERVICE PROJECT, INC.	6	2-0989383
Image 2010 Image 1996 4523 BRISTOL HIGHWAY Image 1000 Gity or town, state or province, country, and ZIP or foreign postal code F Image 1000 Gity or town, state or province, country, and ZIP or foreign postal code F Check box if Image 1000 Gity or town, state or province, country, and ZIP or foreign postal code F Check box if Image 1000 G Check organization Hype Soli(c) corporation 9,743,895. Image an emended return, Image 1000 C Check organization Hing a consolidated return with a 501(c)(2) titleholding corporation Image 1000 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No Image 1000 Total Unrelated Business Taxable Income Telephone number (423)-854-88000 Part Image 1000 Total Unrelated Business Taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 2 Add lines 1 and 2 3 4 0. 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 Deduction for net operating loss. See instructions 6 0. 7 Total of unrelated business taxa	X 501(C)(3)	_	Number, street, and room or suite no. If a P.O. box, see instructions.		
b29(a) b29(a) JOHNSON CITY, TN 37601-2937 F Check box if an amended return. C Cook value of all assets at end of year 9,743,895. an amended return. G Check organization type X S01(c) corporation S01(c) (trust 401(a) trust Other trust State college/university H Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation 1 J Enter the number of attached Schedules A (Form 990 T) 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes Yes I Total organization filing a consolidated return with a 501(c)? Titlehold number (423) - 854 - 8800 Part I Total organization subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No 1 Total or unrelated Business taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 2 3 Add lines 1 and 2 3 4 0. 4 O. 5 5 5 5 6 Deduction for net operating loss. See instructions for isot exceptions) <td< th=""><td> 408(e)</td><td>220(e)</td><td>туре</td><td>4523 BRISTOL HIGHWAY</td><td>(</td><td>,</td></td<>	408(e)	220(e)	туре	4523 BRISTOL HIGHWAY	(,
C Book value of all assets at end of year 9,743,895 an amended return. G Check organization type X 501(c) corporation S01(c) trust 401(a) trust Other trust State college/university H Check if filing only to Claim orefult from Form 9941 Claim a refund shown on Form 2439 Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(2) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(2) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(2) organization filing a consolidated return with a 501(c)(2) titleholding corporation Image: Check if a 501(c)(2) organization filing a consolidated return is 501(c)(2) titleholding corporation Image: Check if a 501(c)(c)(c)(c)(c)(c)	408A	530(a)		City or town, state or province, country, and ZIP or foreign postal code		
G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university H Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation	529(a)	529A		•	F	Check box if
H Check if filing only to Claim credit from Form 8941 Claim a refund shown on Form 2439 I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation I J Enter the number of attached Schedules A (Form 990-1) I K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X If "Yes," enter the name and identifying number of the parent corporation. Telephone number (423) -854-8800 Part I Total Unrelated Business Taxable Income I 0. 2 8 4 0. 3 4 Charitable contributions (see instructions for limitation rules) 4 0. 4 0. 5 6 0. 5 0 6 0. 7 8 Specific deduction (see instructions for limitation rules) 7 8 6 0. 0 1 0.0 1 7 0 1 0.0 1 0.0 8 Specific deduction (see instructions for exceptions) 8 1 0.0 9 0			С Во	ok value of all assets at end of year		an amended return.
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation I J Enter the number of attached Schedules A (Form 990-7) 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X If "Yes," enter the name and identifying number of the parent corporation. Telephone number (423) -854-8800 Part I Total Unrelated Business Taxable Income Telephone number (423) -854-8800 Part I Total of unrelated Business taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 2 Reserved 2 3 4 0. 3 Add lines 1 and 2 4 0. 5 6 0. 4 Ouncinses taxable income before net operating losses. Subtract line 4 from line 3 5 6 0. 5 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 8 1,000. 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 1 0.0.	G Check org	anization t	ype	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
J Enter the number of attached Schedules A (Form 990-T) 1 K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes," enter the name and identifying number of the parent corporation. Telephone number (423) -854-88000 Part I Total Unrelated Business Taxable Income Telephone number (423) -854-8800 Part I Total Unrelated Business Taxable Income 1 0. 2 3 4 0. 3 Add lines 1 and 2 3 4 4 Charitable contributions (see instructions for limitation rules) 5 5 5 Total unrelated business taxable income before end operating loss. Subtract line 4 from line 3 5 6 0. 7 7 6 0. 7 Total ourleated business taxable income before specific deduction and section 199A deduction. 8 1,000. 8 Specific deduction See instructions 9 10 1,000. 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 1 0. 10 1,000. 1 <	H Check if fil	ling only to)	Claim credit from Form 8941 Claim a refund shown on Form 2439		
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No If "Yes," enter the name and identifying number of the parent corporation. Telephone number (423)-854-8800 Part I Total Unrelated Business Taxable Income Telephone number (423)-854-8800 Part I Total Orunrelated Business Taxable Income 1 0. 2 8 1 0. 2 8 3 4 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 6 0. 5 6 0. 5 6 7 Total of unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 0. 5 6 0. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 8 1,000. 9 10 1,000. 1,000. 7 8 Specific deduction. See instructions for tax computation 9 10 1,000. 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, ent	I Check if a	501(c)(3) c	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
If "Yes," enter the name and identifying number of the parent corporation. Telephone number (423)-854-8800 Part I Total Unrelated Business Taxable Income Telephone number (423)-854-8800 I Total of unrelated Business taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 2 Reserved 2 3 3 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 6 0. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 5 6 0. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 8 1 0.000. 9 Trusts. Section 199A deduction. See instructions for exceptions) 9 10 1,000. 1 0.000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 0. 10 Total deductions. Add lines 8 and 9 10 1,000. 1 0. 11 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 0. 12 Poxy tax. S	J Enter the r	number of	attache	ed Schedules A (Form 990-T)		±
L The books are in care of SUSAN MILLER Telephone number (423) -854-8800 Part I Total Ourelated Business Taxable Income 1 0. 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 2 3 Add lines 1 and 2 3 4 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 5 6 0. 6 Deduction for net operating loss. See instructions for exceptions 6 0. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 8 Specific deductions. Add lines 8 and 9 10 1,000. 9 10 1,000. 1 0. 10 Total deductions. Add lines 8 and 9 10 1,000. 11 0. 1 0. 1 0. 11 0. 1 0. 1 0. 9 10 1,000. 1 0.00. 1 0. 9 10 1,000. 1 0.	K During the	e tax year, v	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
Part I Total Unrelated Business Taxable Income 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 2 Reserved 3 4 3 Add lines 1 and 2 3 4 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 0. 6 Deduction for net operating loss. See instructions 6 0. 7 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,0000. 7 9 10 1,000. 1 0.001. 1,000. 11 O. 10 1,000. 1 0.001. 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7. 11 0. 11 O. 1 0. 1 0. 11 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 1 0. 2 Tr	If "Yes," er	nter the na	ame an			
1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 1 0. 2 Reserved 2 3 3 Add lines 1 and 2 3 4 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 0. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. 7 9 10 1,000. 1 0. 1 0. 11 0. 1 0.000. 1 1 0. 9 10 1,000. 1 0.000. 1 0.000. 11 0. Interventions 1 0. 0. 0. 10 1,000. 1 0. 1 0. 0. 11 0. Interventions 1 0. 0. 0. 0.					(423)-854-8800
instructions) 1 0. 2 2 3 Add lines 1 and 2 3 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 Deduction for net operating loss. See instructions 6 0. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. 9 10 1,000. 1 0. 11 0. 1 0.0 1,000. 9 10 1,000. 1 0.00. 11 0. 10 1,000. 1 0.00. 11 0. 10 1,000. 1 0. 11 0. 10 0. 1,000. 1 0. 12 0. 1 0. 1 0. 0. 11 0. 10 0. 1. 0. 0.	Part I To	otal Unr	elate	d Business Taxable Income		
2 Reserved 2 3 Add lines 1 and 2 3 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 Deduction for net operating loss. See instructions 6 0. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. 9 10 1,000. 11 0. 10 Total deductions. Add lines 8 and 9 10 1,000. 11 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 11 O. Part II Tax are schedule or Schedule D (Form 1041) 2 Instructions 3 4 0. 3 Other tax amounts. See instructions 4 5 4 Other tax amounts. See instructions 4 5 5 5 5 5 5 6 7	1 Total of	unrelated I	busine	ss taxable income computed from all unrelated trades or businesses (see		
3 Add lines 1 and 2 3 4 Charitable contributions (see instructions for limitation rules) 4 0. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 0. 6 Deduction for net operating loss. See instructions 6 0. 5 6 0. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 5 6 0. 7 Total of unrelated business taxable income before specific deduction for exceptions) 8 1,000. 7 9 Trusts. Section 199A deduction. See instructions for exceptions) 8 1,000. 9 10 Total deductions. Add lines 8 and 9 10 1,000. 1 0.000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 0. 12 Trusts taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 1 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: 1 0. 2 3 Other tax amounts. See instructions	instructi	ons)			1	0.
4 Charitable contributions (see instructions for limitation rules) 4 0. 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 Deduction for net operating loss. See instructions 6 0. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 5 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. 9 Trusts. Section 199A deduction. See instructions for exceptions) 9 9 10 Total deduction. Add lines 8 and 9 10 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 0. 11 O. Trusts taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trust staxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2 3 Proxy tax. See instructions 4 5 5 4 Other tax amounts. See instructions 5 5 5 5 Tax on noncompliant facility incom	2 Reserve	d			2	
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 6 Deduction for net operating loss. See instructions 6 0. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. 9 10 1,000. 9 10 1,000. 10 1,000. 10 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 0. 11 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: 1 ax rate schedule or Schedule D (Form 1041) 2 3 3 0 4 4 4 4 5 5 5 5 5 5 5 5 6 7 0. 0. 7					3	
6 Deduction for net operating loss. See instructions 6 0. 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. 9 7 10 1,000. 9 10 1,000. 10 10 Total deductions. Add lines 8 and 9 10 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 0. Part II Tax Computation 1 0. 1 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable as trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: 1 0. 2 Proxy tax. See instructions 3 0 3 Proxy tax. See instructions 4 4 4 Alternative minimum tax (trusts only) 5 5 6 Tax on noncompliant facility income. See instructions 6 6 7 0.						0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. 9 10 1,000. 9 10 1,000. 10 1,000. 10 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 0. 11 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2 3 Proxy tax. See instructions 4 5 5 6 6 Tax on noncompliant facility income. See instructions 6 7 0.						
Subtract line 6 from line 5 7 8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. 9 Trusts. Section 199A deduction. See instructions 9 10 Total deductions. Add lines 8 and 9 10 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 0. Part II Tax Computation 1 0. 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2 3 Proxy tax. See instructions 3 4 5 5 4 Other tax amounts. See instructions 5 5 6 5 Alternative minimum tax (trusts only) 5 5 6 6 7 0. 7 0.			•	•	6	0.
8 Specific deduction (generally \$1,000, but see instructions for exceptions) 8 1,000. 9 Trusts. Section 199A deduction. See instructions 9 10 Total deductions. Add lines 8 and 9 10 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 0. Part II Tax Computation 11 0. 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2 3 Proxy tax. See instructions 4 5 5 6 5 Alternative minimum tax (trusts only) 5 6 7 0.	7 Total of	unrelated I	busine	ss taxable income before specific deduction and section 199A deduction.		
9 Trusts. Section 199A deduction. See instructions 9 10 Total deductions. Add lines 8 and 9 10 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 0. Part II Tax Computation 11 0. 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable as corporations for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2 3 Proxy tax. See instructions 4 5 5 6 5 Alternative minimum tax (trusts only) 5 6 7 0.						1 0 0 0
10 Total deductions. Add lines 8 and 9 10 1,000. 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 0. Part II Tax Computation 11 0. 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2 3 Proxy tax. See instructions 4 4 5 4 Other tax amounts. See instructions 5 6 6 Tax on noncompliant facility income. See instructions 6 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.						1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero 11 0. Part II Tax Computation 11 0. 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2 3 Proxy tax. See instructions 4 4 5 4 Other tax amounts. See instructions 4 5 5 Alternative minimum tax (trusts only) 5 6 6 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.						1 000
enter zero 11 0. Part II Tax Computation 1 0. 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2 3 Proxy tax. See instructions 3 4 4 5 4 Other tax amounts. See instructions 4 5 5 6 6 Tax on noncompliant facility income. See instructions 6 7 0.					10	I,000.
Part II Tax Computation 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: 1 0. 3 Proxy tax. See instructions 3 2 4 Other tax amounts. See instructions 4 5 5 Alternative minimum tax (trusts only) 5 6 6 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.	11 Unrelate	ed busines	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		•
1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) 1 0. 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on 2 3 Proxy tax. See instructions 2 4 Other tax amounts. See instructions 4 5 Alternative minimum tax (trusts only) 5 6 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7					11	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2 3 Proxy tax. See instructions 3 4 0ther tax amounts. See instructions 4 5 Alternative minimum tax (trusts only) 5 6 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.						0
Part I, line 11 from: Tax rate schedule or Schedule D (Form 1041) 2 3 Proxy tax. See instructions 3 4 Other tax amounts. See instructions 4 5 Alternative minimum tax (trusts only) 5 6 Tax on noncompliant facility income. See instructions 6 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.						0.
3 Proxy tax. See instructions 3 4 Other tax amounts. See instructions 4 5 Alternative minimum tax (trusts only) 5 6 Tax on noncompliant facility income. See instructions 6 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.						
4 0ther tax amounts. See instructions 4 5 Alternative minimum tax (trusts only) 5 6 Tax on noncompliant facility income. See instructions 6 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.						
5 Alternative minimum tax (trusts only) 5 6 Tax on noncompliant facility income. See instructions 6 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.	-					
6 Tax on noncompliant facility income. See instructions 6 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7 0.						
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies 7						
		•		•		
					7	

For Paperwork Reduction Act Notice, see instructions.

Form • (2022)

223701 01-16-23

	90-T (2022)		F	age 2			
Part	III Tax and Payments						
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a						
b	Other credits (see instructions) 1b						
с	General business credit. Attach Form 3800 (see instructions)						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)						
e	Total credits. Add lines 1a through 1d	1e					
2	Subtract line 1e from Part II, line 7	2		0.			
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)	3					
4	Total tax. Add lines 2 and 3 (see instructions).						
	section 1294. Enter tax amount here	4		Ο.			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.			
6a	Payments: A 2021 overpayment credited to 2022						
b	2022 estimated tax payments. Check if section 643(g) election applies						
с	Tax deposited with Form 8868						
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d						
е	Backup withholding (see instructions) 6e						
f	Credit for small employer health insurance premiums (attach Form 8941) 6f						
g	Other credits, adjustments, and payments: Form 2439						
-	Form 4136 Other Total 6g						
7	Total payments. Add lines 6a through 6g	7					
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8					
9							
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10					
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11					
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)						
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No			
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country						
	here			Х			
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a						
	foreign trust?			Х			
	If "Yes," see instructions for other forms the organization may have to file.						
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$\$						
4							
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.						
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce						
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.						
	Business Activity Code Available post-2017 NOL c						
	458000 \$ 3	72,074.					
	\$						
6a	Did the organization change its method of accounting? (see instructions)			X			
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"						
	explain in Part V						

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other th					wledge	and belief, it is true,
Here	CFO				May the IRS discuss this re the preparer shown below		
	Signature of officer	Date	Title			instru	uctions)? X Yes No
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN
Paid					self- employed		
Preparer	JARED BROWN	JARED BROWN	JARED BROWN		P00815512		P00815512
Use Only		Firm's name BROWN, EDWARDS & COMPANY, LLP					54-0504608
ooo oniy	513 STATE	STREET					
	Firm's address BRISTOL, VA 24201				Phone no.	27	6-669-6171
223711 01-16-2	23						Form 990-T (2022)

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	88,258.	0.	88,258.	88,258.
12/31/13	87,986.	0.	87,986.	87,986.
12/31/14	84,457.	0.	84,457.	84,457.
12/31/15	94,546.	0.	94,546.	94,546.
12/31/16	140,387.	0.	140,387.	140,387.
12/31/17	81,556.	0.	81,556.	81,556.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	577,190.	577,190.

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Ε

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

1

B Employer identification number

1

of

62-0989383

D Sequence:

Α	Name of the organization			
	APPALACHIA	SERVICE	PROJECT,	INC.

C Unrelated business activity code (see instructions)

Describe the unrelated trade or business RESALE OF ASP MERCHANDISE

458000

11 Advertising income (Part IX) 12 11 12 12	Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Net
2 Cost of goods sold (Part III, line 8) 2 270,763. 3 Gross profit. Subtract line 2 from 1041 or Form 1120). See instructions -122,501. -122,501. 4 a -122,501. -122,501. 5 Income (loss) from 4797) (attach Schedule D (Form 1041 or Form 1120). See instructions 4a -122,501. 6 Income (loss) from 4797) (attach Form 4797). See instructions) 4c	1a	Gross receipts or sales 148,262.					
2 Cost of goods soid (Part III, line 8) 2 270,763. 3 Gross profit. Subtract line 2 from line 1c 3 -122,501. 4 Capital gain net income (attach Schedule D (Form 1041 or Form 1120). See instructions 4a -122,501. 4 a -122,501. -122,501. 5 Income (loss) (Form 4797) (attach Form 4797). See instructions) 4a -122,501. 6 Forme (loss) (Form 4797) (attach Form 4797). See instructions) 4c -122,501. 7 Torme (loss) (Form 4797) (attach Form 4797). See instructions (attach statement) 6 -122,501. 7 Interest, annulies, royalies, and rents from a controlled organization (Part VI) 6 -122,501. 9 Investment income of section 501(c)(7), (9), or (17) 9 -122,501. -122,501. 10 Exploited exempt activity income (Part VII) 10 -122,501. -122,501. 11 Adverting income (Part IX) 11 -122,501. -122,501. 7 Total. Combine lines 3 through 12 13 -122,501. -122,501. 7 Interest (attach statement). 5 -122,501. -122,501. 7 East	b		1c	148,262	•		
4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120). See instructions 4a 4b 4b b Net gain (oss) (Form 4797) (attach Form 4797). See instructions) 4c 4c 4c 5 income (loss) form a partnership or an S corporation (attach statement) 5 5 5 6 6 6 6 6 6 7 10 7 6 <			2				
1120). See instructions 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Part IV) 6 7 Urrelated debt-financed income (Part V) 6 8 Interest, annuities, royaties, and rents from a controlled organization (Part V) 7 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VI) 9 10 Exploited exempt activity income (Part IV) 10 11 Advertising income (Part IX) 11 2 Other income (see instructions, statement) 12 13 Total. Combine lines 3 through 12 13 14 Compensation of officers, directors, and trustes (Part X) 1 2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 1 2 Excess exempt expenses (Part VII) 13 14 Exess and licenses 5 5 Interest (attach statement). See instructions 5 6 Taxes and licenses 6 7 Deprecion (attach form 4582). See instr	3		3	-122,501	. •		-122,501.
b Net gan (loss) (Form 4797) (attach Form 4797). See instructions) 4b 4c 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 4c 4c 4c 6 Rent income (Part IV) 7 6 6 6 7 0urrelated debt/inanced income (Part V) 7 6 6 6 8 Interest, annuities, royatties, and rents from a controlled organization (Part VI) 7 7 6 9 Investment income of section 501(c)(7), (9), or (17) 9 7 7 7 10 Exploited exempt activity income (Part VII) 10 10 10 10 10 11 12 11 10 11 10 12 12 12 12 12 501. 122, 501. 133, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	4a	Capital gain net income (attach Schedule D (Form 1041 or Form					
c Capital loss deduction for trusts 4c 5 5 Income (loss) from a partnership or an S corporation (attach statement) 5 5 6 Rent income (Part IV) 6 6 7 Unrelated debt financed income (Part V) 7 6 8 Interest, annulites, royalties, and rents from a controlled organization (Part VI) 7 7 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 9 10 Exploited exempt activity income (Part VIII) 10 11 11 Advertising income (Part IV) 10 11 2 Other income (see instructions; attach statement) 12 -122,501. 12 Other income (see instructions, and trustees (Part X) 1 -122,501. 2 Salaries and wages 2 3 3 Repairs and maintenance 3 4 4 Bad debts 4 5 5 Interest (attach statement). See instructions 5 6 6 Less depreciation (attach Form 4562). See instructions 7 8 9 Depletion 9 9 0 10 Contributions to deferred compensation plans 10 11 11 Excese adership costs (Part IVI) 13		1120)). See instructions	4a				
5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Part N) 6 7 Unrelated debt/innanced income (Part N) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part N) 8 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part N) 9 10 10 10 11 Advertising income (Part N) 10 12 Other income (see instructions; attach statement) 12 13 -122,501. -122,501. Fart III Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 3 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 7 Bad debts 4 5 1 6 Taxes and licenses 6 1 1 12 Excess exempt expenses (Part N) 11 1 1 <t< th=""><th>b</th><th>Net gain (loss) (Form 4797) (attach Form 4797). See instructions)</th><th>4b</th><th></th><th></th><th></th><th></th></t<>	b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
statement) 5 6 6 ent income (Part IV) 7	с	Capital loss deduction for trusts	4c				
6 Rent income (Part IV) 6 7 7 Unrelated debt-financed income (Part V) 7 7 8 Interest, annuities, cryatiles, and rents from a controlled organization (Part VI) 7 7 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VI) 9 9 10 Exploited exempt activity income (Part VII) 10 11 11 Advertising income (Part IX) 11 11 12 Other income (see instructions, attach statement) 12 12 13 Total. Combine lines 3 through 12 13 -122, 501. -122, 501. Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 3 2 1 Compensation of officers, directors, and trustees (Part X) 1 2 3 2 Salaries and maintenance 3 3 4 4 5 Interest (attach statement). See instructions 7 5 6 5 1 Depreciation (attach Form 4562). See instructions 7 10 11 12 2 Salaries	5	Income (loss) from a partnership or an S corporation (attach					
7 Unrelated debt financed income (Part V) 7 7 8 Interest, annuities, royalites, and rents from a controlled organization (Part VI) 8 8 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 9 10 Exploited exempt activity income (Part VII) 10 11 11 11 Advertising income (Part VI) 11 12 11 12 12 0 11 12 13 14 <		statement)	5				
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 8 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 9 10 Exploited exempt activity income (Part VII) 10 11 11 Advertising income (Part IX) 10 11 12 Other income (see instructions; attach statement) 12 12 13 -122, 501. -122, 501. -122, 501. Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 2 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 2 Salaries and wages 2 2 3 3 Interest (attach statement). See instructions 5 6 6 4 5 Interest (attach Form 4562). See instructions 7 8 8 8 9 Depletion 9 0 0 11 12 12 Excess exempt expenses (Part VIII) 12 13 14 13 14 13 14<	6	Rent income (Part IV)	6				
organization (Part VI) 8 1 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 10 10 Exploited exempt activity income (Part VII) 10 10 11 Advertising income (Part IX) 11 10 11 12 Other income (see instructions; attach statement) 12 11 12 12 13 -122,501. -122,501. -122,501. 122,501. 122,501. Part III Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 2 Salaries and wages 3 4 5 3 Repairs and maintenance 4 5 6 4 5 interest (attach statement). See instructions 5 6 5 Interest (attach Form 4562). See instructions 7 8 8 9 Depreciation (attach Form 4562). See instructions 7 11 12 14 Less depreciation (attach Form 4562). See instructions	7	Unrelated debt-financed income (Part V)	7				
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 10 Exploited exempt activity income (Part VIII) 10 11 11 12 2 13 -122,501. -122,501. 2 13 -122,501. -122,501. 2 13 -122,501. -122,501. 2 13 -122,501. -122,501. 2 13 -122,501. -122,501. 2 13 -122,501. -122,501. 3 Generations for limitations on deductions. Deductions must be directly connected with the unrelated business income 2 3 Repairs and wages 2 2 3 Repairs and maintenance 3 4 4 5 Interest (attach statement). See instructions 5 5 Taxes and licenses 6 0 6 9 9 0 10 11 12 13 11 12 14 13 12 13 14 15 13 Total (attach Form 4562). See instructions	8	Interest, annuities, royalties, and rents from a controlled					
organizations (Part VII) 9 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 10 11 12 Other income (see instructions; attach statement) 11 11 12 Total. Combine lines 3 through 12 13 -122,501. -122,501. Total. Combine lines 3 through 12 Total. Combine lines 3 through 12 1 Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 Salaries and wages 2 3 3 Repairs and maintenance 3 4 4 Bad debts 4 5 5 Interest (attach statement). See instructions 7 8 4 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 0 Contributions to deferred compensation plans 10 11 Excess exempt expenses (Part IX) 13 12 12 Excess readership costs (Part IX) 13 13		organization (Part VI)	8				
10 Exploited exempt activity income (Part VIII) 10 11 11 Advertising income (Part IX) 11 12 12 Other income (see instructions; attach statement) 12 13 12 12 13 -122,501. -122,501. Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 Salaries and wages 3 2 3 Repairs and maintenance 3 4 4 Bad debts 4 5 5 Interest (attach statement). See instructions 5 6 6 7 Depreciation (attach Form 4562). See instructions 7 8 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 9 Other deductions to deferred compensation plans 10 11 12 14 Excess exempt expenses (Part IX) 13 12 13 13 13 15 Total deductions. Add lines 1 through 14	9	Investment income of section 501(c)(7), (9), or (17)					
11 Advertising income (Part IX) 11 12 20 Other income (see instructions, attach statement) 13 -122,501. -122,501. 13 Total. Combine lines 3 through 12 13 -122,501. -122,501. Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 Salaries and wages 2 3 3 Addebts 4 4 5 Interest (attach statement). See instructions 5 6 7 Bad debts 5 6 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 11 11 12 13 136, 971. 14 Other deductions (attach statement) 12 13 15 Total deductions. Add lines 1 through 14 15 136, 971. <td< th=""><th></th><th>organizations (Part VII)</th><th>9</th><th></th><th></th><th></th><th></th></td<>		organizations (Part VII)	9				
12 Other income (see instructions; attach statement) 12 -122,501. 13 Total. Combine lines 3 through 12 13 -122,501. -122,501. Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 Salaries and wages 2 3 3 Aegairs and maintenance 3 4 4 5 Interest (attach statement). See instructions 5 6 7 Depreciation claimed in Part III and elsewhere on return 8a 8b 9 9 Depletion 9 10 11 11 Exess depreciation claimed in Part III and elsewhere on return 8a 8b 9 9 Depletion 9 10 11 12 12 Exess depreciation claimed in Part III and elsewhere on return 8a 8b 9 9 Depletion 10 11 12 12 12 Exess depreciation claimed in Part III and elsewhere on return 12	10		10				
13 Total. Combine lines 3 through 12 13 -122,501. -122,501. Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 -122,501. 1 Compensation of officers, directors, and trustees (Part X) 1 2 2 Salaries and wages 3 4 3 Repairs and maintenance 3 4 4 Bad debts 4 5 5 Interest (attach statement). See instructions 5 6 6 Taxes and licenses 6 7 7 Bal debt 9 0 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 1 1 10 Contributions to deferred compensation plans 10 11 12 11 Excess readership costs (Part IX) 13 13 13 13 14 Dther deductions. Add lines 1 through 14 15 13 13 13 13 13 13 13 13 13 13 <th>11</th> <th>Advertising income (Part IX)</th> <th>11</th> <th></th> <th></th> <th></th> <th></th>	11	Advertising income (Part IX)	11				
Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 1 2 Salaries and wages 2 3 Repairs and maintenance 3 4 5 4 5 6 7 4 9 0 6 7 8 8 9 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 9 Depletion 9 10 10 11 12 12 11 12 13 14 12 Excess exempt expenses (Part VIII) 12 13 13 Excess readership costs (Part IX) 13 14 13.6 , 971.1 14 13.6 , 971.1 15 13.6 , 971.1 15 13.6 , 971.1 14 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -259 , 472.1 17 O<	12	Other income (see instructions; attach statement)	12				
directly connected with the unrelated business income 1 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement). See instructions 6 Taxes and licenses 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return 8 Less depreciation claimed in Part III and elsewhere on return 9 0 10 0 11 12 12 13 13 10 14 Other deductions (datach statement) 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 0. 18 -259, 472. 19 0	13	Total. Combine lines 3 through 12	13	-122,501	. •		-122,501.
2 Salaries and wages 2 3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 0 10 Contributions to deferred compensation plans 10 11 11 Excess exempt expenses (Part VIII) 12 13 12 Excess readership costs (Part IX) 13 14 13 6, 971. 13 Excess income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -259, 472. 17 O. 18 -259, 472. 18 -259, 472.		directly connected with the unrelated business in	come	1			
3 Repairs and maintenance 3 4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess readership costs (Part IX) 13 13 Cother deductions (attach statement) SEE 14 Other deductions. Add lines 1 through 14 15 16 -259, 472. 16 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -259, 472.							
4 Bad debts 4 5 Interest (attach statement). See instructions 5 6 7 Depreciation (attach Form 4562). See instructions 6 7 Ba 8b 8b 9 Depletion 9 10 10 Contributions to deferred compensation plans 10 11 11 Excess exempt expenses (Part VIII) 12 13 12 Excess readership costs (Part IX) 13 13 14 Other deductions, Add lines 1 through 14 15 136, 971. 16 -259, 472. 16 -259, 472. 17 O. 18 -259, 472.							
5 Interest (attach statement). See instructions 5 6 7 Depreciation (attach Form 4562). See instructions 6 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess readership costs (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions, Add lines 1 through 14 15 136, 971. 15 Total deductions. Add lines 1 through 14 15 136, 971. 16 -259, 472. 17 0. 17 Deduction for net operating loss. See instructions 17 0. 18 -259, 472. 18 -259, 472.							
6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions. Add lines 1 through 14 15 136, 971. 15 Total deductions. Add lines 1 through 14 15 136, 971. 16 -259, 472. 16 -259, 472. 17 O. 18 -259, 472.							
7 Depreciation (attach Form 4562). See instructions 7 8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 12 13 Excess exempt expenses (Part VIII) 12 14 Other deductions (attach statement) 12 15 Total deductions. Add lines 1 through 14 15 136, 971. 16 -259, 472. 16 -259, 472. 17 O. 18 -259, 472.							
8 Less depreciation claimed in Part III and elsewhere on return 8a 8b 9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) SEE STATEMENT 2 15 Total deductions. Add lines 1 through 14 15 16 -259, 472. 17 Deduction for net operating loss. See instructions 17 18 Unrelated business taxable income. Subtract line 17 from line 16 18		Taxes and licenses				6	
9 Depletion 9 10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) SEE STATEMENT 2 15 Total deductions. Add lines 1 through 14 15 136, 971. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -259, 472. 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -259, 472.						-	
10 Contributions to deferred compensation plans 10 11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) SEE STATEMENT 2 15 Total deductions. Add lines 1 through 14 15 136, 971. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -259, 472. 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -259, 472.							
11 Employee benefit programs 11 12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) SEE STATEMENT 2 14 136,971. 15 Total deductions. Add lines 1 through 14 15 136,971. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -259,472. 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -259,472.							
12 Excess exempt expenses (Part VIII) 12 13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) SEE STATEMENT 2 14 136,971. 15 Total deductions. Add lines 1 through 14 15 136,971. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -259,472. 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -259,472.							
13 Excess readership costs (Part IX) 13 14 Other deductions (attach statement) SEE STATEMENT 2 15 Total deductions. Add lines 1 through 14 14 136,971. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -259,472. 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -259,472.							
14 Other deductions (attach statement) SEE STATEMENT 2 14 136,971. 15 Total deductions. Add lines 1 through 14 15 136,971. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -259,472. 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -259,472.							
15 Total deductions. Add lines 1 through 14 15 136,971. 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 -259,472. 17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -259,472.		Excess readership costs (Part IX)		פדד פיין	<u>א הבאבאות</u> 2		136 071
 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 Deduction for net operating loss. See instructions 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -259, 472. 							
column (C)16-259,472.17Deduction for net operating loss. See instructions170.18Unrelated business taxable income. Subtract line 17 from line 1618-259,472.						15	130,971.
17 Deduction for net operating loss. See instructions 17 0. 18 Unrelated business taxable income. Subtract line 17 from line 16 18 -259,472.	10					16	-259 472
18 Unrelated business taxable income. Subtract line 17 from line 16 18 -259,472.	17						
			J				

223741 01-16-23

1

Part					-
	ule A (Form 990-T) 2022 III Cost of Goods Sold Enter meth	nod of inventory valua	ation COST		Page 2
1	Inventory at beginning of year			1	46,156.
2	Purchases				247,788.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				293,944.
7	Inventory at end of year			7	23,181.
8	Cost of goods sold. Subtract line 7 from line 6. Enter h	nere and in Part I, line	2		270,763.
9 Dort	Do the rules of section 263A (with respect to property p				Yes X No
Part 1			-		
•	Description of property (property street address, city, s	late, ZIP code). Chec	k li a dual-use. See insti	uctions.	
	в 🗌				
	c 🗌				
	D				
		А	В	С	D
2	Rent received or accrued			Ŭ	
a	From personal property (if the percentage of				
u	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
D	percentage of rent for personal property exceeds				
с	50% or if the rent is based on profit or income) Total rents received or accrued by property.				
U	Add lines 2a and 2b, columns A through D				
4	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. En		, line 6, column (B)		0.
			, line 6, column (B)		0.
5 Part 1		e instructions)			0.
Part	V Unrelated Debt-Financed Income (set	e instructions)			0.
Part	V Unrelated Debt-Financed Income (set Description of debt-financed property (street address, o	e instructions)			0.
Part	V Unrelated Debt-Financed Income (so Description of debt-financed property (street address, on A	e instructions)			0.
Part	V Unrelated Debt-Financed Income (so Description of debt-financed property (street address, or A	e instructions)			0.
Part	V Unrelated Debt-Financed Income (solution) Description of debt-financed property (street address, or A B C	e instructions)			0.
Part	V Unrelated Debt-Financed Income (solution) Description of debt-financed property (street address, or A B C	ee instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	
Part 1	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	
Part 1	V Unrelated Debt-Financed Income (set address, or add	ee instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	
Part 1	V Unrelated Debt-Financed Income (street address, or allocable to debt-financed property (street address, or allocable to debt-financed property	ee instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	
Part 1	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	
Part 1 2 3	V Unrelated Debt-Financed Income (street address, or allocable to debt-financed property (street address, or allocable to debt-financed property	ee instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	
Part 1 2 3 a	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	
Part 1 2 3 a b	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or a strength of a strengt of a strenghold of a strenghold of a strength of a str	ee instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	
Part 1 2 3 a b	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	
Part 1 2 3 a b c	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code).	Check if a dual-use. See	e instructions.	
Part 1 2 3 a b c	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) Eity, state, ZIP code). A	Check if a dual-use. See	e instructions.	
Part 1 2 3 b c 4	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) Eity, state, ZIP code). A	Check if a dual-use. See	e instructions.	
Part 1 2 3 b c 4	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) Eity, state, ZIP code). A	Check if a dual-use. See	e instructions.	D
Part 1 2 3 6 5	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) ee instructions) ity, state, ZIP code). A	Check if a dual-use. See	e instructions.	D
Part 1 2 3 6	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) ee instructions) ity, state, ZIP code). A	Check if a dual-use. See	e instructions.	D
Part 1 2 3 6 7 8	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) ee instructions) ity, state, ZIP code). A	Check if a dual-use. See	e instructions.	D
Part 1 2 3 6 5 7	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). A	Check if a dual-use. See	e instructions.	D % 0.
Part 1 2 3 6 7 8 9	V Unrelated Debt-Financed Income (sr Description of debt-financed property (street address, or A	ee instructions) ity, state, ZIP code). A A Code Second Se	Check if a dual-use. See	e instructions.	D

											1	
Schedu Dart	ule A (Form 990-T) 2022 VI Interest, Annu	lities Ro	valties and R	ents from	n Control	led Or	anizations	S (0)	o instruct	iono)	Page 3	
Fait			yanies, and ne				Exempt Control	,	ee instruct	,		
1. Name of controlled organization		d	identification inco		Net unrelated 4. Tota		al of specified nents made	5. Part of column 4 that is included in the controlling organiza- tion's gross income		nn 4 in the	connected with	
											income in column 5	
<u>(1)</u>												
<u>(2)</u>												
<u>(3)</u>												
<u>(4)</u>			No	nexempt (Controlled O	l manizati	ons	1				
7	7. Taxable Income 8. Net unrelated income (loss) (see instructions)		nexempt Controlled Organizati 9. Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions directly connected with income in column 10					
(1)												
(2)												
(3)												
(4)												
Totals							Add colum Enter here a line 8, c	and or	n Part I,	Ente	I columns 6 and 11. er here and on Part I, ine 8, column (B) 0 •	
Part	VII Investment I	Income c	of a Section 50	1(c)(7), (9), or (17)	Orgar	hization (s	ee inst	ructions)		-	
		cription of ir			2. Amou incor	nt of	3. Deduction directly connection (attach stater	ons ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)	
(1)												
(2)												
(3)												
(4)												
Totals					Add amou column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •	
Part	VIII Exploited E	xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	see in	structions)			
1	Description of exploite											
2	Gross unrelated busine	ess income	from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected with	production of unr	elated busi	iness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from	n unrelated t	trade or business.	Subtract lir	ne 3 from lin	e 2. lf a g	gain, complete					
										4		
5	Gross income from act									5		
6	Expenses attributable									6		
7	Excess exempt expense											
	4. Enter here and on P	Part II, line 1	2							7		

Schedule A (Form 990-T) 2022

223731 01-16-22

	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reportin	ng two or more periodicals on a c	consolidated basis	S.	
	Α				
	в 🔄				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on	Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on	Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from lir	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column ir	n			
	line 4 showing a loss or zero, do not complete	e			
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	ss			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		al or zero here an	d on	
	Part II, line 13				0.
Part	X Compensation of Officers, Dir	rectors, and Trustees (se	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total	. Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (Se	ee instructions)			
_					

223732 01-16-23

1

FORM 990-T (A) OTHER DEDUCTION	S STATEMENT 2
DESCRIPTION	AMOUNT
ALLOCATION OF INDIRECT EXPENSES	136,971.
TOTAL TO SCHEDULE A, PART II, LINE 14	136,971.

136,971.

990-T SCH	А	POST-2017	NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUS	TAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	11	1,273.	0.	111,273.	111,273
12/31/19	8	6,426.	0.	86,426.	86,426
12/31/20	6	1,481.	0.	61,481.	61,481,
12/31/21		2,894.	0.	112,894.	112,894.
NOL CARRYC	VER AVAILA	BLE THIS Y	EAR	372,074.	372,074