# **Return of Organization Exempt From Income Tax**

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

2017

Department of the Treasury

▶ 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.

Open to Rublic

Δ Ε	or the	2017 calend	ar year, or tax year beginning 07-01 , 2017, and en	dina	06-30 ,2018
					D Employer identification no
$\Box$		ipplicable			<del></del>
	ddress c	· ·	Doing business as		61-1369294
Ħ	ame cha	•	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
H	iitial retu	m	PO BOX 833		<del></del>
	ınal retui	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts
	mended	return	Hindman, KY 41822	<del></del>	\$ 668,231
<b>□</b> A	pplicatio	n pending	F Name and address of principal officer	H(a) is this a group retu	urn for subordinates? Yes X No
				H(b) Are all subordin	nates included?
<u> </u>	ax-exem	pt status 🛚 🗵	501(c)(3)	If "No," atta	ach a list (see instructions)
J M	/ebsite	► www	.artisancenter.com	H(c) Group exemp	tion number
		rganization 🛚 🗓	Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L. Year of formation 2	007 M State of	legal domicile KY
Pai	t]]]	Summar	у		
	1	Briefly descri	be the organization's mission or most significant activities THE APPALCHIAN A	RTISAN CENTE	R IS DEDICATED TO
a)		BUILDING	AND STRENGTHENING AN ARTISAN BASED ECONOMIC SECTOR THR	OUGH EDUCATI	ON, BUSINESS
Governance		DEVELOPM	ENT AND SUPPORT SERVICES FOR ARTISTS. THIS SECTOR INCLU	DES CRAFTORS	, MUSICIANS,
Ĕ		STORYTEL	LERS AND OTHERS.		
Š	2	Check this b	ox > I if the organization discontinued its operations or disposed of more than 25% of	its net assets	
Ö	3	Number of ve	oting members of the governing body (Part VI, line 1a)		3 20
Activities &	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)	[	4 20
iŧ	5	Total number	r of individuals employed in calendar year 2017 (Par V, line 2a)		5 5
Ę	6	Total number	of volunteers (estimate if necessary)		6
ĕ	7a		ed business revenue from Part VIII, column (C), I/NE/2		7a 0
			business taxable income from Form 990-T, line 34 MAD		7b 0
787	1		6 200	Prior Year	Current Year
	8	Contributions	s and grants (Part VIII, line 1h)	64,6	
<b>-</b>	9		vice revenue (Part VIII, line 2g)		0
Z i	10	•	ncome (Part VIII, column (A), lines 3, 4, and 7d)	-	159 15,734
≨ૂ	11		ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,	
24	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	107,5	
$\alpha$	13		imilar amounts paid (Part IX, column (A), lines 1-3)	1917.	030,740
Expenses MED	14		to or for members (Part IX, column (A), line 4)		0
奎	15	•	er compensation, employee benefits (Part IX, column (A), lines 5-10)	69,9	952 116,263
es es			fundraising fees (Part IX, column (A), line 11e)	05,.	252 110,203
5			sing expenses (Part IX, column (D), line 25)   6,650		
×	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)	293,2	201 322,822
ш	18	•	es Add lines 13-17 (must equal Part IX, column (A), line 25)		<del></del>
		_		363,1 (255,5	
	19	Revenue les	s expenses Subtract line 18 from line 12	,	
Net Assets or Fund Balances	20	Total coasts	<del> </del>	Beginning of Current Ye	
sse	20		(Part X, line 16)	4,182,3	
et Pud	21		s (Part X, line 26)	367,9	
			r fund balances Subtract line 21 from line 20 · · · · · · · · · · · · · · re Block	3,814,3	182 4,227,174
[Pai			clare that I have examined his return, including accompanying schedules and statements, and to the best of my known	owledge and helief it is	<del></del>
true,	correct, a	and complete Dec	claration of preparer (other hap officer) is based on all information of which preparer has any knowledge		
		/	to the same of the	į	3/10/2020
Sigr	1	<b>B</b> , —	JONES / V Johnson		Date
_	!			J	54.0
Her	•		JONES, CHAIRMAN print name and title		
		<del></del>	Total Date	- F7	<del></del>
Da:-		Print/Type pre	1 2 1 1 200		IF PTIN
Paid		Chris G		,	P01202304
	oarer		Chris Gooch CPA	Firm's EIN	
use	Only	Firm's addres		Phone no	
			Hazard KY 41702		5-436-5700
May t	he IRS	discuss this	return with the preparer shown above? (see instructions)		· · · · · ⊠ Yes ∐ No_

Form	1990 (2017) APPALACHIAN ARTISAN CENTER, INC	61-1369294	Page 2
	rt III. Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	🔲
1	Bnefly describe the organization's mission		
	THE APPALCHIAN ARTISAN CENTER IS DEDICATED TO BUILDING AND STRENGTHENING AN A	RTISAN BAS	ED
	ECONOMIC SECTOR THROUGH EDUCATION, BUSINESS DEVELOPMENT AND SUPPORT SERVICES	FOR ARTIST	S
	THIS SECTOR INCLUDES CRAFTORS, MUSICIANS, STORYTELLERS AND OTHERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		<del></del> ,
•	prior Form 990 or 990-EZ?	· · · □ Yes	X No
	If "Yes," describe these new services on Schedule O	<b>.</b>	<b>KA</b> J ***
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · · 🔲 Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	у	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s,	
	the total expenses, and revenue, if any, for each program service reported		
	(Code ) (Expenses \$ 376,854 including grants of \$ ) (Revenue	\$ 6	1,271)
74	PROVIDING OPPORTUNITIES FOR ARTIST GROWTH IN EASTERN KENTUCKY AND ENHANCING T		
	SECTOR	III ECONOMI	<u>-                                     </u>
4b	(Code) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		· · · · · · · · · · · · · · · · · · ·	
			•
			<del></del>
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		<del> </del>	
<i>A</i> ~1	Other pregram converse (Describe in Schodule O.)	·	
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses   376,854		

Form 990 (2017)

Form 990 (2017)

APPALACHIAN ARTISAN CENTER, INC.

Partive Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Χ	
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		1,7
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		v
_	"Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,  the environment, bistoric land areas, or historic structures? If "Yes," complete Schedule D. Part II.	7		v
۰	the division that areas, or historic structures in 1705, complete contestant by the tri	-		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		Х
۵	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			Λ
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			71
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · · · · · · · · · · · · · ·	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		<u> </u>	A. A.
••	VII, VIII, IX, or X as applicable			Ş
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	·		
	complete Schedule D, Part VI	11a	Х	
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		Χ
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
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		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Χ	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
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	445		v
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		Х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	13		Λ
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		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	- 3		- 21
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	••		23
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
			200 (	2047

Pa	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	Χ
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 19 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			l
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<del></del>		<u> </u>
274	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
<b>h</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b		240		<del> </del> -
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		1
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٠,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1930	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			į
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,			
٠.	Part I · · · · · · · · · · · · · · · · · ·	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
32	complete Schedule N, Part II	32		Х
22	·	32		$\overline{}$
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
• •	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,			3.7
	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		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	Ì		
	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	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
EE A		Form	990 (2	2017)

	990 (2017) APPALACHIAN ARTISAN CENTER, INC 61-136	9294	F	Page 5
Ti Ra	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			_ <u></u>
CLIP	negree	To Carlotte	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	의 표	24.	
, p	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<u></u> 이		
, C	Did the organization comply with backup withholding rules for reportable payments to vendors and		9	
	reportable gaming (gambling) winnings to prize winners?	· 1c	X	
´ 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	5		7 3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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 in Schedule O	. 3b		
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
ь	If "Yes," enter the name of the foreign country	. F.	2002	2.3
_	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		
C		.   30	<del> </del>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	. 6a		. X
	organization solicit any contributions that were not tax deductible as charitable contributions?	·   va		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	. 6b	١.,	
_	gifts were not tax deductible?	. 00	325252	45 (24 K)
7	Organizations that may receive deductible contributions under section 170(c).	8		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			V
	and services provided to the payor?	· 7a		X
राज्य b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· 7b	<u> </u>	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			١,,
	required to file Form 8282?	· 7c	dw00nrt	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	- 7h	7.76.22.23	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		12	
	sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.	* 3		**
а	Did the sponsoring organization make any taxable distributions under section 4966?	· 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter			7
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	- 数		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders		+ 34	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	3		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	· 12a		200721
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	7 . 3		
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	X 200 LE 20 LE	######################################
а	Note. See the instructions for additional information the organization must report on Schedule O	Bastin	5 440	7.7
L				
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C		44-	10000	V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	· 14a	<u> </u>	X
b	If "Yes" has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	· 14b	1	1

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Form 990 (2017) 61-1369294 Page 6 APPALACHIAN ARTISAN CENTER, INC 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 in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 20 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1b Enter the number of voting members included in line 1a, above, who are independent b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily-performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . . . . . . . . 8b Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Kentucky Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20

JESSICA EVANS (606) 785-9855, PO BOX 833, Hindman, KY 41822

		•	
Form	990	(2017)	

APPALACHIAN ARTISAN CENTER, INC

61-1369294

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Part-VII	Compensation of Officers, Directors,	, Trustees, Key Employees	, Highest <sup>®</sup> Compensated Employ	ees, and
	Independent Contractors		-	_

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title ,		box,	unles er and	Pos eck m s per	son is	nan one s both ar trustee) Highest employe	)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
-	line)	l trustee ir	nstitutional trustee		loyee	Highest compensated emptoyee		·.		organizations
(1) LACY HALE BOARD MEMBER	1.00	Х						0	o	_ 0
(2) DOUG JONES CHAIRMAN	1.00	Х						0	0	0
(3) FRAN REDMON BOARD MEMBER	1.00	Х						0	0	0
(4) CHRIS AMBURGEY BOARD MEMBER	1.00	Х						0	0	0
(5) ZACH WEINBERG BOARD MEMBER	1.00	Х						0		0
(6) TRACY NEICE BOARD MEMBER	1.00	Х						0		0
(7) BRYAN SWAFFORD BOARD MEMBER	1.00	Х						0		0
(8) SONYA BERGMAN BOARD MEMBER	1.00	X						0		0
(9) LISA COX BOARD MEMBER	_ 1.00_	Х						0	-	0
(10)JENNIFER_LINDON	1.00_	Х						0		0
BOARD MEMBER (11) JACOB MACK-BOLL	1.00	Х						0		0
BOARD MEMBER (12)JOSH MULLINS	1.00	Х	_							
BOARD MEMBER (13)RON PEN	1.00							0		0
BOARD MEMBER (14)KAREN WATTS	1.00	Х	$\dashv$					0		0
BOARD MEMBER	<u> </u>	Χ		j				0	0	Form <b>990</b> (2017)

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Section A. Officers, Directors, Trustees, I  (A)  Name and title		(B) Average hours per week (list any	box, u	ınless	perso a dire	ore th	an one both an trustee)		(D) Reportable compensation from	(E)  Reportable  compensation from  related	(F) Estimated amount of other
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	A WHITAKER RD MEMBER	1.00	Х						0	0	0
	COLM J WILSON	1.00	х						0	0	0
(17)STEF	RD MEMBER PHANIE DAMRON C CHAIR	1.00	71		Х				0	0	
(18)JERE	RY_SLONE	1.00			Χ				0	0	0
SECF	reed Retary	1.00			Х		**********		0	0	0
CHAI	WEINBERG	1.00			Х				0	0	0
(23)											
(24)									- 7		
(25)											
	ub-total							<b>*</b>			
	otal (add lines 1b and 1c) otal number of individuals (including but not limited t							-	0 an \$100,000 of	0	0
	portable compensation from the organization			,						0	
	id the organization list any former officer, director,			-		_			ensated		Yes No
4 F	mployee on line 1a? If "Yes," complete Schedule J or any individual listed on line 1a, is the sum of repo ganization and related organizations greater than \$	rtable compe	ensatio	n and	d oth	ner d	compe	nsati	on from the		
<b>5</b> D	dividual · · · · · · · · · · · · · · · · · · ·	mpensation fi	rom an	-				 atıoı	n or individual		4 X
	or services rendered to the organization? If "Yes," c  B. Independent Contractors	omplete Sch	edule .	J for	sucl	n pe	rson			· · · · · · · · ·	5 X
co	omplete this table for your five highest compensated ompensation from the organization. Report compensation is a second compensation of the compensation is a second compensation.										
y€	(A)  Name and business address								(B) Description of s	SPRVICES	(C) Compensation
	radite and publices address								25341911011013		o sing si idanon
2 To	otal number of independent contractors (including bi	ut not limited	to thos	e list	ted a	abov	/e) wh	o			

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Faria	ATITE	Check if Schedule O contains a response or not	te to any line in this	Part VIII		्टर्स । । । । । । । । । । । । । । । । । । ।	
		Creck if Screenie O'Contains a response of no	e to any line in this	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
fts, Grants Amounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c	9,850	50 L			
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations	54,091				
Contrik and Ot	g h	and similar amounts not included above 1f  Noncash contributions included in lines 1a-1f \$  Total. Add lines 1a-1f		595,477			
Program Service Revenue	2a b c d		Business Code				
Progr		All other program service revenue · · · · · · · · · Total Add lines 2a-2f · · · · · · · · · · · · · · · · · · ·				S. Carrier	
	4	Investment income (including dividends, interest, and other similar amounts)  Income from investment of tax-exempt bond proced Royalties	eds · · · ▶	10,139	10,139		
	6a b	(i) Real  Gross rents	(II) Personal				
	7a	Net rental income or (loss)  Gross amount from sales of assets other than inventory  (i) Secunties  5,595	(II) Other	18,600	18,600		A A
	С	Less cost or other basis and sales expenses Gain or (loss)		5,595	5,595		
Other Revenue	8a	Gross income from fundraising events (not including \$9,850 of contributions reported on line 1c)  See Part IV, line 18 a  Less direct expenses b		The second secon	Tithing white warm in constitution		The production of the community of the c
	9a b	Gross income from gaming activities  See Part IV, line 19	▶	-15 (F)			
	10a	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  Less cost of goods sold   b	27,616 11,483				
	11a	Net income or (loss) from sales of inventory  Miscellaneous Revenue  WORKSHOPS AND MISC INCO  OTHER REVENUE	Business Code 900099 900099	16,133 9,347 1,457	9,347		
	c d	All other revenue		10,804	and a section of the leading of the		
	12	Total revenue See instructions		656,748	61,271	o	0

Form 990 (2017)

APPALACHIAN ARTISAN CENTER, INC

Part X

Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to a	iny line in this Part IX			<u>, 🛚 🔻 </u>
	ot include amounts reported on lines 6b, 7b, Pb, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5		3500	CO.
<sup>'.</sup> 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,	,			
	trustees, and key employees		<u>-</u>		
16 .	Compensation not included above, to disqualified	_	•		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B) · · · · ·	,			•
7	Other salaries and wages	116,263	98,824	17,439	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			` `	•
9	Other employee benefits	•	•	s •	•
10 *	Payroll taxes				
11	Fees for services (non-employees)				
`a	Management				
b	Legal	¢			
С	Accounting				
d	Lobbying				
ě	Professional fundraising services See Part IV, line 17 .		Free transfer		
f	Investment management fees	14/24			
g	Other (If line 11g amount exceeds 10% of line 25, column			•	•
	(A) amount, list line 11g expenses on Schedule O)	31,947	27,155	4,792	
12	Advertising and promotion	1,981	1,684	. 297	
13	Office expenses · · · · · · · · · · · · · · · · · ·	12,535	10,656	1,879	
14	Information technology				
15	Royalties				
16	Occupancy	62,439	53,074	9,365	
17	Travel	6,141	5,220	921	
18	Payments of travel or entertainment expenses	•			-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		-	-	·
20	Interest · · · · · · · · · · · · · · · · · · ·	10,105	. 8,589	1,516	
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization	129,147	109,775	19,372	
23	Insurance				
24	Other expenses Itemize expenses not covered	A Part of the Control			
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	<b>3</b>			
a	FUNDRAISING EXPENSE	6,650			6,650
b	WORKSHOP EXPENSE	7,141	7,141		
С.	MASTER ARTS PROGRAM EXPENSE	54,736	54,736		
,d				. ,	<u>-</u>
е	All other expenses	•			
25	Total functional expenses. Add lines 1 through 24e ·	439,085	376,854	55,581	6,650
26 、	Joint costs. Complete this line only if the			•	
٠,	r organization reported in column (B) joint costs	, ,			
•	from a combined educational campaign and fundraising solicitation. Check here				•
	following SOP 98-2 (ASC 958-720)		•		

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash - non-interest-bearing 30,308 90,076 2 8,728 353,309 3 Pledges and grants receivable, net 3 5,000 14,850 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . . . . . . . . . . . . . . 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 4,090 6,163 Prepaid expenses and deferred charges 3,572 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D Less accumulated depreciation . . . . . . . . . . . . 10b 3,042,8<u>5</u>5 2,870,781 b 1,091,135 11 11 1,247,586 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 16 16 4,182,116 4,586,337 17 17 8,019 9,702 18 18 19 Deferred revenue 107 19 -20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 -iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 359,808 349,461 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 26 Total liabilities. Add lines 17 through 25 ......... 367,934 26 359,163 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 3,814,182 3,812,433 28 Temporanly restricted net assets 28 414,741 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 3,814,182 4,227,174 34 34 Total liabilities and net assets/fund balances ...... 4,182,116 4,586,337

Form	1990 (2017) APPALACHIAN ARTISAN CENTER, INC	61-136	59294	Pa	age 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part.XI				$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		656,7	748
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		439,0	085
3	Revenue less expenses Subtract line 2 from line 1	. 3		217,6	663
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	3,	814,1	182
5	Net unrealized gains (losses) on investments	. 5	_	239,7	
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Pnor penod adjustments	. 8		(44,4	437)
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	4,	227,1	174
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			384	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		360		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
EEA	· · · · · · · · · · · · · · · · · · ·		Forr	n <b>990</b> (2	2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047 2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

APP	APPALACHIAN ARTISAN CENTER, INC 61-1369294								
Rá	rt l	Reason for Public Charit	<b>y Status</b> (All or	ganizations must c	omplete	this par	t ) See instructio	ns	
The	orgar	nization is not a private foundation beca	use it is (For lines	1 through 12, check only	one box )				
1		A church, convention of churches, or	association of churc	ches described in <b>sectio</b>	n 170(b)(1	)(A)(ı).			
2		A school described in section 170(b)	(1)(A)(ii) (Attach S	chedule E (Form 990 or	990-EZ))				
3		A hospital or a cooperative hospital se	ervice organization (	described in section 170	(b)(1)(A)(i	ıı).			
4		A medical research organization oper	ated in conjunction	with a hospital described	l in sectioi	n 170(b)(1)	(A)(iii). Enter the		
		hospital's name, city, and state							
5		An organization operated for the bene-	fit of a college or un	iversity owned or operate	d by a gov	ernmental	unit described in		
	section 170(b)(1)(A)(iv). (Complete Part II )								
6		A federal, state, or local government of	or governmental uni	it described in section 17	70(b)(1)(A	)(v).			
7	X	An organization that normally receives	a substantial part o	of its support from a gover	rnmental u	nit or from	the general public		
	_	described in section 170(b)(1)(A)(vi)	. (Complete Part II)	)					
8	Ц	A community trust described in section	on 170(b)(1)(A)(vi).	(Complete Part II)					
9	Ш	An agricultural research organization	described in <b>sectio</b>	n 170(b)(1)(A)(ix) opera	ted in conj	unction wit	n a land-grant college	•	
		or university or a non-land-grant colleg	ge of agriculture (see	e instructions) Enter the	name, city,	and state	of the college or		
	_	university			<u> </u>				
10		An organization that normally receives							
		receipts from activities related to its ex	•	-					
		support from gross investment income		·		-	n businesses		
4.4		acquired by the organization after Jun							
11 12	H	An organization organized and operat	•				en out the numero		
12	Ш	An organization organized and operate of one or more publicly supported org							
		Check the box in lines 12a through 12a							
	а	Type I, A supporting organization						-	:
	-	the supported organization(s) the	•			_		, -	
		supporting organization You must			00				
	b	Type II A supporting organization	•		its suppor	ted organiz	ation(s), by having		
		control or management of the sup							
		organization(s) You must comp							
	С	Type III functionally integrated.			ection with	, and funct	onally integrated with	١,	
		its supported organization(s) (see							
	d	Type III non-functionally integra	ated. A supporting of	organization operated in	connection	with its su	pported organization	(s)	
		that is not functionally integrated	The organization ge	nerally must satisfy a dist	nbution re	quirement a	and an attentiveness		
		requirement (see instructions) You	ou must complete	Part IV, Sections A and	D, and P	art V.			
	е	Check this box if the organization	received a written d	etermination from the IRS	S that it is a	Type I, Ty	pe II, Type III		
		functionally integrated, or Type III	non-functionally inte	grated supporting organi	zation				
	f	Enter the number of supported organiz	zations · · · ·						
	g	Provide the following information about	t the supported orga	anızatıon(s)	r			T	
	<b>(</b> ()	Name of supported organization	(ii) EIN	(III) Type of organization	(IV) Is the o	•	(v) Amount of monetary	(vi) Amo	
				(described on lines 1-10 above (see instructions))	listed in you docum		support (see instructions)	other supp instruc	
					Yes	No			
(A)									
				-					
(B)									
(C)									
(D)									
(E)									

Schedule A (Form 990 or 990-EZ) 2017

APPALACHIAN ARTISAN CENTER, 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	tion A. Public Support .						,
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016 ·	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not			•			
	include any "unusual grants")	210,115	292,698	259,571	64,652	595,477	1,422,513
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		:			, , ,	
3	The value of services or facilities furnished by a governmental unit to the organization without charge					•	
4	Total. Add lines 1 through 3 · · · · · ·	210,115	292,698	259,571	64,652	595,477	1,422,513
5	The portion of total contributions by		<b>学</b>				
•	,each person (other than a		ME CONTRACTOR OF THE CONTRACTO			1	
<b>*</b>	governmental unit or publicly	4.00				16 2 3	
-	supported organization) included on			1.0	100		,
	line 1 that exceeds 2% of the amount						`
	shown on line 11, column (f)	Service 197					
6	Public support. Subtract line 5 from line 4 · · · tion B. Total Support			<del>                                    </del>	The state of	35 TV 126 6	1,422,513
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4 · · · · · · · ·	210,115					` ′
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	210,113	232,030		04/032		1,422,515
	similar sources	57	49	276	159	15,734	16,275
9	Net income from unrelated business activities, whether or not the business is regularly carried on			#:A			- *
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	22,645	17,977	50,345	42,776	45,537	179,280
11	Total support. Add lines 7 through 10	22,643	17,977	30,343		45,557	
12	Gross receipts from related activities, etc. (s	ee instructions)	\$50.00 Anton Cristian Print.	1322-3-5-4536 IAN TASKY 4-4438 3-4-32	A STATE OF S	12	1,010,000
13	First five years. If the Form 990 is for the corganization, check this box and stop here	rganization's first, s	second, third, fourth	ı, or fifth tax year a	s a section 501(c)(3	3)	▶ □
Sec	tion C. Computation of Public Si						
14	Public support percentage for 2017 (line 6, o	column (f) divided by	y line 11, column (f)	)		14	87.91 %
15	Public support percentage from 2016 Sched	ule A, Part II, line 1	4			15	87.98 %
16a	33 1/3% support test - 2017. If the organiz					k this	. ⊾ ⊠
	box and stop here. The organization qualifi						▶ 🏻
b	33 1/3% support test - 2016. If the organiz this box and stop here. The organization qu						▶ □
17a	10%-facts-and-circumstances test - 2017					•	, ,
	10% or more, and if the organization meets	-					
-	Part VI how the organization meets the "fact						, .
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2016						_
•	15 is 10% or more, and if the organization r					, ,	
•	Explain in Part VI how the organization mee	ts the "facts-and-cir	cumstances" test 1	he organization qu	alifies as a publicly	• •	•
		•					▶ □,
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	17a, ór 17b, check	this box and see	•	•
	instructions					<u>:</u> .	· · · · <b>▶</b> □
						Schodule A /En	rm 990 or 990 E71 2017

Page 3

Schedule A (Form 990 or 990-EZ) 2017

Rartill

Support Sc 990 or 990-EZ) 2017

APPALACHIAN ARTISAN CENTER, INC

Support Schedule for Organizations Described in Section 509(a)(2)

(Partill)	Support Schedule for Organizations Described in Section 509(a)(2)	; ::E\$
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under P	'art II ka⊈
•	If the organization fails to qualify under the tests listed below, please complete Part II)	45- 24
Section A	. Public Support	

Jei	ction A. I ablic Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						<u> </u>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5 · · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·	r Index and France Active In Transfer	T COLD CONTROL OF THE	TO 10 TABLE CARD AND THE TOTAL TO	C74-44-74-74-74-74-74-74-74-74-74-74-74-7	THE SECTION AND SECTION AND	
8	Public support (Subtract line 7c from						
500	ction B. Total Support	ENCAROL MARKET					
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 · · · · · · · · · · · ·	(4) 2010	(5) 2014	(0) 2010	(0) 20.0	(0) 20 11	(1) 1010.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · ·				-		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on · · ·						,,,,
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·			_			
14	First five years. If the Form 990 is for the organization, check this box and stop here	ganızatıon's first, se	econd, third, fourth,	or fifth tax year as	a section 501(c)(3)	) • • • • • • • • • • • • • • • • • • •	▶ 🔲
Sec	ction C. Computation of Public Su	ipport Percent	tage				
15	Public support percentage for 2017 (line 8, co	olumn (f) divided by				15	%
	Public support percentage from 2016 Schedu				<u> </u>	16	%
	ction D. Computation of Investme			(0)			
	Investment income percentage for 2017 (line					17	%
	Investment income percentage from 2016 Sc						%
	33 1/3% support tests - 2017 If the organiz 17 is not more than 33 1/3%, check this box	and stop here. The	e organization quali	fies as a publicly si	upported organizati	on · · · · ·	▶ 🔲
b	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this line 18 is not more than 33 1/3%.	box and stop here.	The organization of	qualifies as a public	ly supported organ	1/3%, and ization	▶ □
20	Private foundation. If the organization did n	ot check a box on l	ine 14, 19a, or 19b	, check this box and	d see instructions	• • • • • • •	· · · · · <b>&gt;</b> <u> </u>

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Supporting Organizations Rart IV

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- 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
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

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		Yes	No
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	10b		

Pä	Supporting Organizations (continued)			
	and the second s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c).			
	below, the governing body of a supported organization?	11a		
, b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pai	rt VI 11c		
	ction B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
<del>?</del> -*1⁻	Did the directors, trustees, or membership of one or more supported organizations have the power to	ar.	30.00	<b>7</b>
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	- I	2.0	7
	controlled the organization's activities. If the organization had more than one supported organization,		1.5	
_	describe how the powers to appoint and/or remove directors or trustees were allocated among the support	ed 5		2.0
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		-6
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year		72.32	
2	Did the agreement on anarota for the honefit of any augmented arganization other than the augmented			10.00
2	3 11 3			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Par	π   <u>*</u>		70
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	2.0	322	
_	supervised, or controlled the supporting organization	2	١.	
Sec	ction C. Type II Supporting Organizations		1	
		হিচাপত কর্ম	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	5857Stz4546	7.5	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	22672	13.4	8.3
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s)			
Sec	ction D. All Type III Supporting Organizations			
	·	r	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the price	ortax 🎏		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of t	he 💮	100	
	organization's governing documents in effect on the date of notification, to the extent not previously provided	J? <u>1</u>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part Vi			
		COMMON CO.	2000	
	the organization maintained a close and continuous working relationship with the supported organization(s)	. Z	Textile	enter M
3	By reason of the relationship described in (2), did the organization's supported organizations have a			7
	significant voice in the organization's investment policies and in directing the use of the organization's		3.4	
	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		Jasenia I
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	r (see instru	ctions	;) ်
a		(00000000000000000000000000000000000000		,
b				
c		nt entity (see	ınstruc	ctions
2		7. 671.11.7 (666)	Yes	No
a				<del>55</del> 531
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
•	those supported organizations and explain how these activities directly-furthered their exempt purposes		\$ 5.5	
•		I I SACK SECTOR	3,4	
	how the organization was responsive to those supported organizations, and how the organization determine		<u> </u>	
, <sub>L</sub>	that these activities constituted substantially all of its activities	2a	100 75 35	
. b	, ,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI th	e P		3.4
	reasons for the organization's position that its supported organization(s) would have engaged in these			
•	activities but for the organization's involvement	2b	1782.XXXXX	35790374108
3	Parent of Supported Organizations Answer (a) and (b) below.		18.0	
а		•		
•	trustees of each of the supported organizations? Provide details in Part VI.	3a	-	y assumbly.
b		<del></del>	Y	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regar	d 3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganiz	zations 😁	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust	on Nov 20,±1.970 (expla	ın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ns must complete Section	ns A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section A - Aujusted Net Income		(A) Flior lear	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
		(A) Dr. o. 1 Vo. o. s	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		·
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	ે જે દહે	
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	y-ınteg	rated Type III supporting	organization (see
(motoristions)	-		-

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	Type in Non-runctionally integrated 509(a)(5	) Supporting Organi	zations (continued)	Current Year
	tion D - Distributions			Current rear
1	Amounts paid to supported organizations to accomplish exem		<del></del>	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purposes	s of supported organizat	ions	
	Amounts paid to acquire exempt-use assets		·····	
	Qualified set-aside amounts (prior IRS approval required)	<del></del>	<del></del>	
6	Other distributions (describe in <b>Part VI</b> ) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	organization is respons	aive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6		<del></del>	
10	Line 8 amount divided by Line 9 amount	I	/::\	/iii)
_	Destina E. Distribution Allocations (and instructions)	(i)	(ii) Underdistributions	(iii) Dietributeble
2	Section E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2017	Distributable Amount for 2017
_	Distribute to the 2047 from Contan C. Ima C.		Pre-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
4	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI) See			
2	Instructions  Evenes distributions correspond if any to 2017	a and would be decided to the second	and more in the second many and an arrangement of the second many and the second many arrangement of the second	
	Excess distributions carryover, if any, to 2017			
a			340	
	From 2013		77.55.2008.W	
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years		\$545.482.18.75.14.1.12.15.15.15.15.15.15.15.15.15.15.15.15.15.	
	Applied to 2017 distributable amount			ens are reserved to a second
	Carryover from 2012 not applied (see instructions)		ing the second reported to the	
÷	Remainder Subtract lines 3g, 3h, and 3i from 3f	Esservation of a service of the second of		
4	Distributions for 2017 from		PART OF CASE OF A STATE OF STA	and the second
•	Section D, line 7 \$			
a	Applied to underdistributions of prior years		Income and the control of the contro	
	Applied to 2017 distributable amount		10 7 Feb. 20 S. 14	MODEL SHOWS A GRAND TAKE A STANDARD AND AND AND AND AND AND AND AND AND AN
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, 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 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions.			
7	Excess distributions carryover to 2018 Add lines 3j			
	and 4c			
8	Breakdown of line 7			reference manage into a commence
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			(A.M.: 0.50(1).500(0).501(10).64
	Excess from 2016			
е	Excess from 2017			

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

► Attach to Form 990.

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

2017 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Name	of the organization	Employer identification number					
	PALACHIAN ARTISAN CENTER, INC	61-1369294					
Rai	<del></del>	ounts.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6						
	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised						
	funds are the organization's property, subject to the organization's exclusive legal control?						
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used						
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose						
	conferring impermissible private benefit?						
Par	till Conservation Easements.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7						
1	Purpose(s) of conservation easements held by the organization (check all that apply)						
	Preservation of land for public use (e.g., recreation or education)	illy important land area					
	Protection of natural habitat	•					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cor	servation					
	easement on the last day of the tax year	Held at the End of the Tax Year					
а	Total number of conservation easements						
b	Total acreage restricted by conservation easements						
C	Number of conservation easements on a certified historic structure included in (a)						
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a						
_	historic structure listed in the National Register	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	<del></del>					
	tax year	ization daming the					
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
•	violations, and enforcement of the conservation easements it holds?	····· Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	<b>-</b>					
•	Total did volunted from devoted to mornioring, inspecting, narraining or violations, and emorning conservation	reasonients during the year					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easi	sements during the year					
•	>\$	sements during the year					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(f	8)(ı)					
•	and section 170(h)(4)(B)(ii)? $\cdots \cdots \cdots$						
9							
•	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
	organization's accounting for conservation easements	t describes the					
Par	tilli Organizations Maintaining Collections of Art, Historical Treasures, or O	ther Similar Assets					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an	d halance sheet					
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu						
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item						
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba						
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in fu						
	•	inicialice of					
	public service, provide the following amounts relating to these items	<b>.</b> •					
	(i) Revenue included on Form 990, Part VIII, line 1						
	(II) Assets included in Form 990, Part X						
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide the					
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items						
	Revenue included on Form 990, Part VIII, line 1	<del></del>					
b	Assets included in Form 990, Part X	· · · · · · <b>&gt;</b> \$					

	ule D (Form 990) 2017 APPALACHIAN ART				<u>61-1369</u>	
[ <b>P</b> ai	rtilli Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Ot	her Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, a	and other records, che	eck any of the following	ng that are a significa	ant use of its	
	collection items (check all that apply)					-
а	Public exhibition	d ∏ Loar	n or exchange progra	ms		
b	Scholarly research	e 🗍 Othe				
c	Preservation for future generations				·	
4	Provide a description of the organization's collect	none and evoluin how	they further the organ	nization's evemnt nu	irnose in Part	
7	XIII	ions and explain now	they tartifer the organ	riization's exempt po	inpose in rain	
E	During the year, did the organization solicit or rec	awa danations of act	historical transuras	or other cimilar		
5						· Tyes No
(Da	assets to be sold to raise funds rather than to be		the organization's co	mection,		·   Tes   NO
P <sub>a</sub> a	Escrow and Custodial Arrang Complete if the organization ar		Form 990 Part	HV line Q or re	norted an amou	nt on Form
	990, Part X, line 21	13446164 163 01	11 01111 000, 1 a11	114, 1110 0, 01 10	ported arramod	11. 01111
10		r ather intermedians for	ar contributions or oth	or accets not		<del></del>
1a	Is the organization an agent, trustee, custodian o	· · · · · · · · · · · · ·				
	·					·   Yes   No
b	If "Yes," explain the arrangement in Part XIII and	complete the followin	g table			
						ount
С	beginning building			<del>                                     </del>	lc	
d	rational strong are just			<u> </u>	ld	
е	- Total Carring and Jack				le	
f	Ending balance			1	lf	
2a	Did the organization include an amount on Form			•		· · ∐ Yes ∐ No
b	If "Yes," explain the arrangement in Part XIII Che	ck here if the explana	ation has been provid	ed on Part XIII		· · · · · · · <u> </u>
<u> Rai</u>						
	Complete if the organization ar	swered "Yes" or	n Form 990, Part	IV, line 10		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,091,135	1,003,081	1,133,058	1,040,113	859,778
b	Contributions					
c	Net investment earnings, gains, and					
	losses	256,042	166,297	(28,476)	92,945	180,335
d	Grants or scholarships					
е	Other expenditures for facilities and			-		
	programs	91,000	70,000	101,501		
f	Administrative expenses	8,592	8,244	6,015	5,993	
g g	End of year balance	1,247,585	1,091,134	997,066	1,127,065	1,040,113
2	Provide the estimated percentage of the current y			'	1,127,003	1 1,040,113
	Board designated or quasi-endowment	year end balance (inte	r 1g, column (a)) neid	1 43		
a b	<u> </u>					
		0/				
С	Temporanily restricted endowment	<u></u> %				
•	The percentages on lines 2a, 2b, and 2c should e		L-4 [c-1]			
3a	Are there endowment funds not in the possession	n of the organization t	nat are neid and adm	inistered for the		[V ] N -
	organization by					Yes No
	(i) unrelated organizations · · · · · · ·					3a(ı) X
	(ii) related organizations · · · · · · · ·					3a(ii) X
b	If "Yes" on 3a(II), are the related organizations list					3b
4	Describe in Part XIII the intended uses of the org		nt funds			
Rai	tiVII Land, Buildings, and Equipm					
	Complete if the organization ar	iswered "Yes" or	Form 990, Part	IV, line 11a Se	ee Form 990, Pa	rt X, line 10.
	Description of property	(a) Cost or other	1		) Accumulated	(d) Book value
		(investme	nt) (c	other)	depreciation	. <u>-</u> .
1a	Land			75,000		75,000
b	Buildings		3,6	551,322	956,391	2,694,931
С	Leasehold improvements					_
d	Equipment			396,064	295,214	100,850
е	Other					
Total	. Add lines 1a through 1e (Column (d) must equ	al Form 990, Part X,	column (B), line 10c	)		2,870,781
EEA					So	hedule D (Form 990) 2017

Schedule D (Form 990) 2017

Rart VIII	Investments - Other Securities.		initial and the Constraint Constraint of the Con	Dant V. John 40
AUG.	Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 11b See Form 990, i	Paπ X, line 12 ·
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	ilue
(1) Financial d	derivatives · · · · · · · · · · · · · · · · · · ·		_	
(2) Closely-he	eld equity interests			
(3) Other	<u> </u>	, ,,		
. (A)				-
<u>.</u> (B)				•
(C)		The second of th	CONTRACTOR OF COLUMN TO SERVICE AND ADDRESS OF COLUMN TO SERVICE A	·
_(D)		<u> </u>	,=.,	
(E)				<del> </del>
<u>(F)</u>		,	7	
(G)		•		· · · · · · · · · · · · · · · · · · ·
<u>(H)</u>				STATE OF THE PROPERTY OF THE PARTY OF THE PA
Part VIII	Investments - Program Related.  Complete if the organization answere	ed "Yes" on Form 990. Pa	art IV. line 11c See Form 990. F	Part X. line 13
· ·	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market va	
(1)			,	
(2)	-	1	` .	
(3)				
(4)	, ,		•	
(5)		,	• _	
(6)				<u> </u>
(7)				
(8)				
(9)				atu ar Taraga i Tarak da tarak sang
Part IX	Other Assets.  Complete if the organization answere		art IV, line 11d See Form 990, F	
	(a) C	Description		(b) Book value
(1)		<del>-</del> ·		<del></del>
(2)				
(4)		<u>'</u>		
(5)				
(6)	•	<del></del>	····	<del></del>
(7)		<del></del>		
(8)				
(9)	•			
	n (b) must equal Form 990, Part X, col (B) line 15	)		
Part X	Other Liabilities. Complete if the organization answere line 25	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f See Form	990, Part X,
1	(a) Description of liability	(b) Book value		7 : 37 9 27 9 28 9
(1) Federal in	ncome taxes			
_(2)				
(3)				
(4)				
(5)		-		
(6) ′.		•		
' (7)				ak, was said
(8)				V * (*
(9)				
	must equal Form 990, Part X, col (B) line 25 }			
•	uncertain tax positions. In Part XIII, provide the text	_		_
organization's l	liability for uncertain tax positions under FIN 48 (AS	C 740) Check here if the text of	f the footnote has been provided in Part >	(III · · · · · · · L ∐

Schedule D (Form 990)	2017 APPALACHIAN ARTISAN CENTER, INC	61-1369294	Page 4
	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	* 3
<del></del>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1 Total revenu	ue, gains, and other support per audited financial statements	. 1	907,997 ~
	cluded on line 1 but not on Form 990, Part VIII, line 12		
	red gains (losses) on investments	6	
	rvices and use of facilities		
	of prior year grants		
	cribe in Part XIII )	13	
	a through 2d · · · · · · · · · · · · · · · · · ·		251 240
	e 2e from line 1		251,249
			656,748
	cluded on Form 990, Part VIII, line 12, but not on line 1	100	
	expenses not included on Form 990, Part VIII, line 7b		
	cribe in Part XIII) · · · · · · · · · · · · · · · · · ·		
c Add lines 4a			
	ue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)		656,748
Part-XII	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1 Total expens	ses and losses per audited financial statements	. 1	450,568
2 Amounts inc	cluded on line 1 but not on Form 990, Part IX, line 25		
a Donated ser	rvices and use of facilities	294	
	djustments		
	s		
	cribe in Part XIII )	3	
	a through 2d · · · · · · · · · · · · · · · · · ·		11,483
	e 2e from line 1		
	cluded on Form 990, Part IX, line 25, but not on line 1	30 M	439,085
	cribe in Part XIII )		
c Add lines 4a			
	ses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	.   5	439,085
Rart:XIII 图	Supplemental Information.  ptions 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 IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b and 2b, Part IV, lines 1b and 2b		
, r art Ai, iiiles 20	and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
			<u></u>
<del></del>			

Schedule D (Form 990) 2017

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### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ

2017

Department of the Treasury Internal Revenue Service

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

Open to Public Sinspection

OMB No 1545-0047

Name of the organization						Employer ide	ntification number	
APPALACHIAN ARTISAN CENTER,		61-1369294						
Partil Fundraising Activities				swered "Yes" on	Form 9	90, Part IV	', line 17	
Form 990-EZ filers are no			· · · · · · · · · · · · · · · · · · ·	an Charle all that and				
<ul><li>1 Indicate whether the organization raise</li><li>a Mail solicitations</li></ul>	ea iunas inrougn a	_						
	b Internet and email solicitations  f Solicitation of government grants							
c Phone solicitations g Special fundraising events								
d In-person solicitations								
2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?    Yes   No								
b If "Yes," list the 10 highest paid individ				· · · · · · · · · · · · · · · · · · ·			es 🗌 No	
		iuraisers) pu	iisuarii io ayi	eements under which	trie iuriura	1561 15 10 06		
compensated at least \$5,000 by the o	iyanızatıdı							
		T	1	J	(v) Am	ount paid to		
(i) Name and address of individual	(II) Activity	(iii) Did fundraiser have custody or control of		(or re	tained by)	(vi) Amount paid to (or retained by)		
or entity (fundraiser)	(ii) Activity		utions?	from activity fun		ser listed in of (i)	organization	
		Yes	No		<u></u>	51 (1)		
1								
2				·				
						<del></del>		
3								
4								
5					_			
6								
7								
8								
9								
10								
	1	•						
Total					d .4			
3 List all states in which the organization registration or licensing	is registered or lice	ensea to soli	cit contributio	ins or has been notifie	a it is exen	npt trom		
							·····	

9	Enter the state(s) in which the organization conducts gaming activities
а	Is the organization licensed to conduct gaming activities in each of these states?
b	If "No," explain
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No If "Yes," explain

EEA

## SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

APPALACHIAN ARTISAN CENTER, INC	61-1369294
01 Amended return information	
Return originally filed omitted a certificate of deposit for \$190,000 f	From Arts Place
America grant funding. Also, interest revenue from the certificate of c	deposit was not
recognized in the amount of \$1,106. In addition, an increase to deprec	clation expense for
June 30, 2018 in the amount of \$19,737 and prior year accumulated in th	ne amount of \$44,719
was made to properly recognize depreciation allowed and allowable on bu	ulding
<pre>improvements.</pre>	
02. Form 990 governing body review (Part VI, line 11)	
FORM 990 IS DISTRIBUTED TO EACH MEMBER PRIOR TO RELEASE. EACH MEMBER HA	AS THE OPPORTUNITY
TO REVIEW AND QUESTION MANAGEMENT.	
03. Governing documents, etc, available to public (Part VI, line 19)	
MANAGEMENT AND THE GOVERNING BOARD HAS GOVERNING DOCUMENTS AVAILABLE FO	OR PUBLIC INSPECTION
DUDING REGULAR OFFICE HOURS	
DURING REGULAR OFFICE HOURS.	
04. List of other fees for services expenses (Part IX, line 11g)	
APPLIED INFORMATION - \$179; COMBS ISAAC AND CASTLE - DEED PREPARATION A	AND TITLE SEARCHES,
\$850; JILL HATCH, GRANTWRITING, \$7,607; MICHAEL SLONE, PROGRAM COORDINA	ATOR, DULCIMER,
\$7,500; RICHARDSON AND ASSOCIATES, ARCHITECT, \$21,622.89; RMJ ENGINEER	ING, \$1,355; TECH
SOUP, \$99.	
•	<u> </u>