X Yes

Form 990 (2015

Lewisburg WV 24901

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

| For | m 990 (2015) SOUTHEASTERN APPALACHIAN RURAL ALLIANCE  | 55-0776344                            | Page 2                                 |
|-----|---|---------------------------------------|--|
| Pa  | art 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   |                                       |  |
|     | ASSISTING UNDERPRIVILIGED INDIVIDUALS TO OBTAIN HOUSING   |                                       |  |
|     |   |                                       |  |
|     |   |                                       |  |
|     |   |                                       |  |
| 2   | Did the organization undertake any significant program services during the year which were not listed on the            |                                       |  |
|     | рны Form 990 or 990-EZ?   | 🖸 Yos                                 | No No                                  |
|     | If "Yes," describe these new services on Schedule O   |                                       |  |
| 3   | Did the organization cease conducting, or make significant changes in how it conducts, any program                      |                                       |  |
|     | services?   | 🗋 Yes                                 | No 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 | ared by                               |  |
|     | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to  | others,                               |  |
|     | the total expenses, and revenue, if any, for each program service reported  |                                       |  |
|     |   |                                       |  |
| 4a  | (Code ) (Expenses S 183,730 including grants of S ) (Revenue  | S                                     | )                                      |
|     | ASSISTING UNDERPRIVILIGED INDIVIDUALS TO OBTAIN HOUSING   |                                       | ´                                      |
|     |   |                                       |  |
|     |   |                                       |  |
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|     |   |                                       |  |
|     |   |                                       |  |
|     |   |                                       |  |
|     |   |                                       |  |
|     |   |                                       |  |
| 4b  | (Code) (Expenses Sincluding grants of S) (Revenue   | \$                                    | )                                      |
|     |   |                                       |  |
|     |   |                                       |  |
|     |   |                                       |  |
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|     |   |                                       |  |
|     |   |                                       |  |
|     |   |                                       |  |
| 4c  | (Code ) (Expenses S including grants of S ) (Revenue  | \$                                    | )                                      |
|     |   |                                       | ······································ |
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|     |   |                                       |  |
|     |   | <u>.</u>                              | · · · · · · · · · · · · · · · · · · ·  |
| d   | Other program services (Describe in Schedule O )  |                                       |  |
| _   | (Expenses \$ including grants of \$ ) (Revenue \$   | )                                     |  |
| ie. | Total program service expenses ► 183,730  |                                       |  |



Form 990 (2015)
Part IV CI 15) SOUTHEASTERN APPALACHIAN RURAL ALLIANCE
Checklist of Required Schedules

|     |  |                | Yes  | No        |
|-----|--|----------------|--|-----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  |                |  |           |
| _   | complete Schedule A  | . 1            | X  |           |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2              | ļ  | X         |
| 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              | ļ  | X         |
| 4   | Soction 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              | ļ  | X         |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,   |                | 1  | ĺ         |
|     | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,  | 1              |  |           |
| _   | Part III · · · · · · · · · · · · · · · · ·   | . 5            | ļ <u> </u>                                       | X         |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors  |                |  | ļ         |
|     | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If  |                | ļ  |           |
| ~   | "Yes," complete Schedule D, Part I   | 6              | ┼  | X         |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | 7              |  | ,         |
|     | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | <del>-</del> - | <del> </del> -                                   | 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            | 1  | Х         |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a  | ٦              | <del>                                     </del> | <u> </u>  |
| 9   | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or   |                | l  |           |
|     | debt negotiation services? If "Yes," complete Schedule D, Part IV  | وا             |  | Х         |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted  |                |  |           |
| . • | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10             |  | Х         |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,   |                |  |           |
| ••  | VII, VIII, IX, or X as applicable  |                |  |           |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes "   |                |  |           |
| •   |  | -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            |  | Х         |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more  |                |  |           |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c            |  | 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  |                |  |           |
|     |  | .12a           |  | <u> X</u> |
| ь   | Was the organization included in consolidated, independent audited financial statements for the tax year? If   |                |  |           |
|     | · · · · · · · · · · · · · · · · · · ·  | 12b            |  | X         |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13             |  | <u>X</u>  |
| 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  | 441            | ľ  | v         |
|     | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV   | 140            | -+   | <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  | 4.5            |  | v         |
| 40  | 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             |  | v         |
| 47  |  | 10             | $\longrightarrow$                                | <u>X</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? If "Yes," complete Schedule G, Part I (see instructions)   | 17             |  | v         |
| 40  | the state of the s | -'-            |  | <u>X</u>  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 40             |  | v         |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   | 18             |  | <u>X</u>  |
| 13  | If "Yes," complete Schedule G, Part III  | 19             | - 1  | Y         |
|     | ii lea, complete delledule G, Partiii  | 13             |  | <u>X</u>  |

Part(IV) 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? 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 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 27 If "Yes," complete Schedule I, Parts I and III 22 Χ 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 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of inore than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ..... 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? 25և Х Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 Χ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete An entity of which a current or former officer, director, truslee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. . . . . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38

15) SOUTHEASTERN APPALACHIAN RURAL ALLIANCE
Statements Regarding Other IRS Filings and Tax Compliance Part V

|          | Check if Schedule O contains a response or note to any line in this Part V   |  |          | . 🗆              |
|----------|--|--|----------|------------------|
|          | •  |  | Yes      | No               |
| 1a       | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a   | )  |          |                  |
| b        | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   | <u>.</u>   | 1        | 1                |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and   | ].   |          |                  |
|          | reportable gaming (gambling) winnings to prize winners?  | 10   |          |                  |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |  |          | T                |
|          | Statements, filed for the calendar year ending with or within the year covered by this return 2a   | <u>.</u>   |          | J                |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b   | Х        | 1                |
|          | 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   | '        | X                |
| 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  |  |          | 7                |
|          | 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  |  |          | 1                |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts  | 1  | 1        |                  |
|          | (FBAR)   |  | ĺ        |                  |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a   | İ        | Х                |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b   |          | X                |
| c        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c   | -        | <del>  ^-</del>  |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | <del>                                     </del> |          | <del> </del>     |
| ua       | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a   |          | Х                |
| ь        | If "Yes," did the organization include with every solicitation an express statement that such contributions or   | -00  |          | <del>  ^</del>   |
| U        | gifts were not tax deductible?   | 6b   |          |                  |
| 7        | Organizations that may receive deductible contributions under section 170(c).  | - 55   |          | <del> </del>     |
|          | Did the organization receive a payment in excess of S75 made partly as a contribution and partly for goods   |  |          | İ                |
| а        | and services provided to the payor?  | 7a   |          | X_               |
| _        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b   |          | <del>  ^ -</del> |
| ь        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |  |          | -                |
| С        | required to file Form 8282?  | . 7c   |          | x                |
|          | If "Yes," indicate the number of Forms 8282 filed during the year  |  |          | <del> </del>     |
| d        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e   |          | X                |
| e        | Did the organization receive any failors, directly or indirectly, to pay premiums on a personal benefit contract?  | 7f   |          | X                |
| f        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g   |          | X                |
| 9        |  | 7h   |          | X                |
| h        | If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C?  |  |          | <u> </u>         |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   | 8  |          | Х                |
|          | sponsoring organization have excess business holdings at any time during the year?   |  |          |                  |
| 9        | Sponsoring organizations maintaining donor advised funds.  | 0.0  |          | V                |
| a        | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a   |          | X                |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9ь   |          | <u> </u>         |
| 10       | Section 501(c)(7) organizations Enter  | ,  |          |                  |
| a        |  |  |          |                  |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | ł  | l        |                  |
| 1        | Soction 501(c)(12) organizations Enter   |  | ı        |                  |
| а        | Gross income from members or shareholders  |  | - 1      | ١.               |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources   |  | 7        | •                |
| _        | against amounts due or received from them )  | 42-  |          |                  |
| 2a       | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a  |          |                  |
| b<br>I2  |  |  |          |                  |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers  | 13a  | $\dashv$ | <del></del>      |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   | .30  |          |                  |
| <b>h</b> | Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which | ]  | ł        |                  |
| b        |  | . ]  | 1        |                  |
| _        | the organization is licensed to issue qualified health plans   |  | j        |                  |
| C<br>Ida | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a  | -+       | X                |
| l4a<br>h | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b  |          |                  |
| _b_      | in 165, has a meet a rount 120 to report trese payments: it ivo, provide an explanation in Geneticite Constitution   | 1  | 1        |                  |

| P      | art 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   |  |         | . 🛛      |
| Se     | ction A. Governing Body and Management  |  |         |          |
|        |   |  | Yes     | No       |
| 1a     | Enter the number of voting members of the governing body at the end of the tax year   |  | 1.      | 1        |
|        | If there are material differences in voting rights among members of the governing body, or  | Fi .   |         | 1        |
|        | if the governing body delegated broad authority to an executive committee or similar  | , ,  |         | <u>:</u> |
|        | committee, explain in Schedule O  |  |         | 1        |
| b      | Enter the number of voling members included in line 1a, above, who are independent  | 1 .  | (h.     |          |
| 2      | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with                      | 1  | Ί       | -        |
|        | any other officer, director, trustee, or key employee?  | 2  | 1       | X        |
| 3      | Did the organization delegate control over management duties customarily performed by or under the direct                           |  |         | 1        |
|        | supervision of officers, directors, or trustees, or key employees to a management company or other person?                          | 3  |         | X        |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                    | 4  |         | Х        |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's assets?                          | 5  | · · · · | Х        |
| 6      | Did the organization have members or stockholders?  | 6  | Х       |          |
| 7a     | Did the organization have members, stockholders, or other persons who had the power to elect or appoint                             |  |         |          |
|        | one or more members of the governing body?  | 7a   | X       | 1        |
| b      |   | <u> </u>   | ··-     |          |
| Ŭ      | stockholders, or persons other than the governing body?   | 7b   | Х       | ĺ        |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during                              | <del>                                     </del> | 7       |          |
| 4      | · · · · · · · · · · · · · · · · · · ·   | -  |         | ĺ.       |
| _      | the year by the following  The government backs?  | . 8a   | X       |          |
| a      | The governing body?   | 8b   | X       | -        |
| d<br>o | Each committee with authority to act on behalf of the governing body?   | 100  |         |          |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at                    | 9  |         | ·        |
| 500    | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9  | L       | _X_      |
| 360    | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )                   |  |         |          |
| 40-    | Out the account on have local aboutors becambes or officials?   | 10a  | Yes     | X        |
| 10a    | Did the organization have local chapters, branches, or affiliates?  | 100  |         | _^_      |
| ь      | 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  | X       |          |
| 11a    | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         | , IIa  |         |          |
| b      | Describe in Schedule O the process, if any, used by the organization to review this Form 990  | 12a  |         |          |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13   | 12b  | X       |          |
| ь      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 120  |         |          |
| ¢      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"                           | 12c  | х       | 1        |
|        | describe in Schedule O how this was done  | 13   | -^-     | Х        |
| 13     | Did the organization have a written whistleblower policy?   |  |         |          |
| 14     | Did the organization have a written document retention and destruction policy?  | 14   | -       | _X_      |
| 15     | Did the process for determining compensation of the following persons include a review and approval by                              | 1  |         | ٠ ;      |
|        | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                       | ,  | , l     |          |
| а      | The organization's CEO, Executive Director, or top management official  | 15a  | X       |          |
| b      | Other officers or key employees of the organization   | 15b  | X       |          |
|        | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  | .  | . [     |          |
| 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement                      | `  |         |          |
|        | with a taxable entity during the year?  | 16a  |         | <u>X</u> |
| b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its                      | ]  |         |          |
|        | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the                       |  | _ =     | ~        |
|        | organization's exempt status with respect to such arrangements?   | 16b  | 1       |          |
| Sec    | tion C. Disclosure  |  |         |          |
| 17     | List the states with which a copy of this Form 990 is required to be filed 🕒 wv   |  |         |          |
| 18     | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)      |  |         |          |
|        | available for public inspection. Indicate how you made these available. Check all that apply  |  |         |          |
|        | Own website Another's website Upon request Other (explain in Schedule O)  |  |         |          |
| 19     | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and     |  |         |          |
|        | financial statements available to the public during the tax year  |  |         |          |
| 20     | State the name, address, and telephone number of the person who possesses the organization's books and records                      |  |         |          |
|        | THE COMPANY (304)645-4966, 116 THIRD STREET, LEWISBURG, WV 24901  |  |         |          |
| EEA    |   | Form   | 990 (2  | 015)     |

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SOUTHEASTERN APPALACHIAN RURAL ALLIANCE

| 55-0776344 |  |
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Page 7

Form 990 (2015)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Forin 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 undividual trustees or directors, institutional trustees officers, key employees, highest compensated employees, and former such persons

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

| (A)  Name and Titlo                   | (B) Average hours per wook (list any              | (C) Position (do not check more than one box unlass person is both an officer and a director/trustee) |                       |         |              |                                 |        | (D)  Reportable compensation from | (E) Reportable compensation from related organizations | (F) EsimateJ amount of other compensation                |
|---------------------------------------|---|---|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------------|--|--|
| ,                                     | related<br>organizations<br>below dotted<br>line) | Individual frustee<br>or director   | Institutional เกษรโชช | Officer | Коу етрісуее | Highest compensated<br>employee | Former | organization<br>(W-2/1099 MISC)   | (W-2/1099-MISC)  | from the<br>organization<br>and related<br>organizations |
| (1) LUCY_REFSLAND                     | _ <u>1</u> _00_                                   | Х   |                       |         |              |                                 |        | <br> o                            | 0  | 0  |
| (2) LOIS SPEIDEN DIRECTOR             | 1.00  | X   |                       |         |              |                                 |        | О                                 | o  | 0  |
| (3) DEBRA KINCAID DIRECTOR            | 1.00  | Х   |                       |         |              |                                 |        | 0                                 | 0  | . 0  |
| (4) SUSAN ROSSHIRT EXECUTIVE DIRECTOR | 20.00   | Х   |                       |         |              |                                 |        | 0                                 | 0  | 00   |
| <u>(5)</u>                            |   |   |                       |         |              |                                 |        |                                   |  |  |
| <u>(6)</u>                            |   |   |                       |         |              |                                 |        |                                   |  |  |
| (7)                                   |   |   |                       |         |              |                                 |        |                                   |  |  |
| (8)                                   |   |   |                       |         |              |                                 |        |                                   |  |  |
| <u>(9)</u>                            |   |   |                       |         |              |                                 |        |                                   |  |  |
| (10)                                  |   |   |                       |         |              |                                 |        |                                   |  |  |
| (11)                                  |   |   |                       |         |              |                                 |        |                                   |  |  |
| (12)                                  |   |   |                       |         |              |                                 |        |                                   |  |  |
| (13)                                  |   |   |                       |         |              |                                 |        |                                   |  |  |
| (14)                                  |   |   |                       |         |              |                                 |        |                                   |  |  |

| Part VII Section A Officers, Directors, Trustees  |  |             |       |                       |      |                                       | 2000                                  | stad Emelavasa                        | 55-0776                               | 344   | Page  |
|---|--|-------------|-------|-----------------------|------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------|---|
| Section A Officers, Directors, Trustees   | , Key Employ   | 7005, 6     | anu   |                       |      | Com                                   | pens                                  | ated Employees                        | (Continued)                           | 1     |   |
| (A)<br>Name and title   | (B)<br>Average<br>hours per  | box,        | unfos | Po:<br>eck n<br>s per | รอกเ | ihan oni<br>s both a                  | n                                     | (D)<br>Roportable<br>compensation     | (E)  Rapartable compensation from     | 1     | (F)<br>Estimated<br>amount of                                 |
|   | week (list any<br>hours for<br>refated<br>organizations<br>below datted<br>line) | or director |       | Τ_                    | т—   | employee                              | Former                                | from tho organization (W-2/1099 MISC) | related organizations (W 2/1099-M/SC) | co    | other mpensation from the rganization ind related ganizations |
| (15)  |  |             |       |                       |      |                                       |                                       |                                       |                                       |       |   |
| (16)  |  |             |       |                       |      |                                       |                                       |                                       |                                       | -     | ·   |
| (17)  |  |             |       |                       |      |                                       |                                       |                                       |                                       |       |   |
| (18)  |  |             |       |                       |      |                                       |                                       |                                       |                                       |       |   |
| (19)  |  |             |       |                       |      |                                       |                                       |                                       |                                       |       |   |
| (20)  |  |             |       |                       |      |                                       |                                       |                                       |                                       |       |   |
| (21)  |  |             |       |                       |      |                                       |                                       |                                       |                                       |       |   |
| (22)  |  |             |       |                       |      |                                       |                                       |                                       |                                       |       |   |
| (23)  |  |             |       | _                     |      |                                       |                                       |                                       |                                       |       |   |
| (24)  |  |             |       |                       |      |                                       |                                       |                                       |                                       |       |   |
| (25)  |  |             |       |                       |      |                                       |                                       |                                       |                                       |       |   |
| c Total from continuation sheets to Part VII, Secti   | on A   |             |       |                       |      |                                       | ` h                                   |                                       |                                       |       |   |
|   |  |             |       |                       |      |                                       | nore                                  |                                       | 0                                     | L     | 0   |
| reportable compensation from the organization   |  |             |       |                       |      |                                       |                                       | <del> </del>                          | 0                                     |       | Yes No  |
|   |  |             |       |                       |      |                                       |                                       |                                       |                                       | 3     | X   |
| (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (28) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20   |  |             |       |                       |      | 3                                     | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                                       |                                       |       |   |
| (18)  (19)  (20)  (21)  (22)  (23)  (24)  (25)  1 Sub-total  1 Total from continuation sheets to Part VII, Section A  1 Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on the 1a? If "Yes," complete Schedulu J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedulu J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedulu J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of |  |             |       |                       | 4    | X                                     |                                       |                                       |                                       |       |   |
| for services rendered to the organization? If "Yes," of   |  |             |       |                       |      |                                       |                                       |                                       |                                       | 5     | <u> </u>  |
|   | ed inclenende  | nt con      | Iract | ore                   | that | receiv                                | ed m                                  | ore than \$100 000                    |                                       |       |   |
| compensation from the organization. Report compe  |  |             |       |                       |      |                                       |                                       |                                       |                                       |       |   |
| (A)   |  |             |       |                       |      |                                       |                                       | i                                     | DOUGDS.                               |       | C)<br>erisation   |
|   |  |             |       |                       |      |                                       |                                       |                                       |                                       |       |   |
|   |  |             |       |                       |      | · · · · · · · · · · · · · · · · · · · |                                       |                                       |                                       |       |   |
|   |  |             |       | <del></del> .         |      | <u>.</u>                              |                                       |                                       |                                       |       |   |
| 2 Total number of independent contractors (including received more than \$100,000 of compensation from  |  |             |       | sted                  | abo  | ove) w                                | ho                                    |                                       |                                       | .,.,, |   |

Form 990 (2015) SOUTHEASTERN APPALACHIAN RURAL ALLIANCE 55-0776344 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Related or Revenue excluded from tax under sections 512-514 Unrelated exampl function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federaled campaigns . . . . . . . 1b 1c d Related organizations . . . . . . 1d e Government grants (contributions) 10 110,803 f All other contributions, gifts, grants, and similar amounts not included above g. Noncash contributions included in lines 1a-1f. S. h Total. Add lines 1a-1f 110,803 Business Code Service Revenue f All other program service revenue . . . . . 3 Investment income (including dividends, interest, 228 228 4 Income from investment of tax-exempt bond proceeds 5 Royalties . . . . . . . . . . . . . . . (i) Real 6a Gross rents . . . . . . 48,291 b Less rental expenses . c Rental income or (loss) · · · 48,291 <u>...</u> ...... d Net rental income or (loss) . . . 48,291 48,291 (i) Securities 7a Gross amount from sales of assets other than inventory (7,288)b Less cost or other basis and sales expenses . . . . (7,288) c Gain or (loss) (7,288) (7,288)d Net gain or (loss) · · · · · Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) Other See Part IV, line 18 . . . . . . . . . . . a b Less direct expenses . . . . . . . b c Net income or (loss) from fundraising events . 9a Gross income from gaming activities See Part IV, line 19 . . . . . . . . . b Less direct expenses . . . . . . . . b

# Form 990 (2015) SOUTHEASTERN APPALACHIAN RURAL ALLIANCE Part IX Statement of Functional Expenses

| Section 501(c)(3) and | 501(c)(4) organiza | tions must complete a | all columns. All other | organizations must | complete column (A) |
|-----------------------|--------------------|-----------------------|------------------------|--------------------|---------------------|
|                       |                    |                       |                        |                    |                     |

|     | Check if Schedule O contains a response or note to an                         |  | · · · · · · · · · · · · · · · · · · · |                  |                 |
|-----|---|--|---------------------------------------|------------------|-----------------|
| Do  | not include amounts reported on lines 6b, 7b,                                 | (A)                                    | (B)                                   | (C)              | (D)             |
|     | 9b, and 10b of Part VIII.   | fotal expenses                         | Program service                       | Management and   | Fundraising     |
| 1   | Grants and other assistance to domestic organizations                         |  | oxpenses                              | general expenses | expenses        |
| •   | and domestic governments See Part IV, line 21                                 |  |                                       |                  |                 |
| 2   | Grants and other assistance to domestic                                       |  |                                       |                  |                 |
| 2   | individuals See Part IV, line 22  |  |                                       | , -              |                 |
| ,   | <u>`</u>  |  |                                       | · · ·            | <del></del>     |
| 3   | Grants and other assistance to foreign  |  |                                       |                  |                 |
|     | organizations, foreign governments, and foreign                               |  | 1                                     | l                |                 |
|     | individuals See Part IV, lines 15 and 16                                      | <del></del>                            |                                       |                  |                 |
| 4   | Benefits paid to or for members   |  |                                       |                  |                 |
| 5   | Compensation of current officers, directors,                                  |  |                                       |                  |                 |
|     | trustees, and key employees   |  |                                       |                  |                 |
| 6   | Compensation not included above, to disqualified                              |  | 1                                     |                  |                 |
|     | persons (as defined under section 4958(f)(1)) and                             |  |                                       |                  |                 |
|     | persons described in section 4958(c)(3)(B) · · · · ·                          |  |                                       |                  |                 |
| 7   | Other salaries and wages  | 23,171                                 | 23,171                                |                  |                 |
| 8   | Pension plan accruals and contributions (include                              |  |                                       |                  |                 |
|     | section 401(k) and 403(b) employer contributions)                             |  | <u> </u>                              |                  |                 |
| 9   | Other employee benefits   |  |                                       |                  |                 |
| 10  | Payroll taxes   |  |                                       |                  |                 |
| 11  | Fces for services (non-employees)   | <del></del>                            |                                       |                  | · <del></del>   |
| a   | Management  |  |                                       |                  |                 |
| b   | Legal   | 80                                     | 80                                    |                  |                 |
| С   | Accounting  | 8,750                                  | 8,750                                 |                  |                 |
| d   | Lobbying  |  |                                       |                  |                 |
| 9   | Professional fundraising services See Part IV, line 17                        |  |                                       | _                |                 |
| f   | Investment management fees  | ······································ |                                       |                  |                 |
| g   | Other (If line 11g amount exceeds 10% of line 25, column                      |  | <del> </del>                          |                  | <del></del>     |
| 9   | (A) amount, list line 11g expenses on Schedule O) · ·                         |  | i I                                   |                  |                 |
| 12  | Advertising and promotion   | 53                                     | 53                                    |                  | <del></del>     |
|     | Office expenses   | 1,404                                  | 1,404                                 |                  |                 |
| 13  | Information technology  | 1,404                                  | 1,404                                 |                  |                 |
| 14  |   |  |                                       |                  |                 |
| 15  | Royallies   |  | 1                                     |                  |                 |
| 16  | Occupancy · · · · · · · · · · · · · · · · · · ·                               |  |                                       |                  |                 |
| 17  | Travel  |  | <del> </del>                          |                  |                 |
| 18  | Payments of travel or entertainment expenses                                  |  | 1                                     |                  |                 |
|     | for any federal, state, or local public officials                             |  |                                       |                  |                 |
| 19  | Conferences, conventions, and meetings  |  | 5.040                                 |                  |                 |
| 20  | Interest  | 5,248                                  | 5,248                                 |                  |                 |
| 21  | Payments to affiliates  |  |                                       |                  |                 |
| 22  | Depreciation, depletion, and amortization                                     | 51,403                                 | 51,403                                |                  |                 |
| 23  | Insurance · · · · · · · · · · · · · · · · · · ·                               | 8,280                                  | 8,280                                 |                  | <del></del>     |
| 24  | Other expenses Itemize expenses not covered                                   |  |                                       | •                |                 |
|     | above (List miscellaneous expenses in line 24e If                             | -                                      |                                       | -                |                 |
|     | line 24e amount exceeds 10% of line 25, column                                | •                                      |                                       |                  |                 |
|     | (A) amount, list line 24e expenses on Schedule O)                             |  | , nd_                                 |                  |                 |
| а   | MANAGEMENT FEE EXPENSE  | 10,000                                 | 10,000                                |                  |                 |
| ь   | REPAIRS AND MAINT   | 45,228                                 | 45,228                                |                  |                 |
| С   | UTILITIES   | 11,837                                 | 11,837                                |                  |                 |
| d   | RENT EXPENSE  | 7,435                                  | 7,435                                 |                  |                 |
| 6   | All other expenses  | 10,841                                 | 10,841                                |                  |                 |
| 25  | Total functional expenses Add lines 1 through 24e                             | 183,730                                | 183,730                               | 0                | 0               |
| 26  | Joint costs Complete this line only if the                                    |  |                                       |                  |                 |
|     | organization reported in column (B) joint costs                               | ı                                      |                                       |                  |                 |
|     | from a combined educational campaign and fundraising solicitation. Check here |  |                                       | İ                |                 |
|     | following SOP 98-2 (ASC 958-720)  |  |                                       |                  |                 |
| EEA |   |  |                                       |                  | Form 990 (2015) |

|                             |          | Check if Schedule O contains a response or note to any line in this Part X   |                   |     | <u> [</u>       |
|-----------------------------|----------|--|-------------------|-----|-----------------|
|                             |          |  | (A)               |     | (B)             |
|                             | ,        |  | Beginning of year |     | End of year     |
|                             | 1        | Cash - non-interest-bearing  |                   | 1   |                 |
|                             | 2        | Savings and temporary cash investments   | 331,730           | 2   | 334,247         |
|                             | 3        | Pledges and grants receivable, net   |                   | 3   |                 |
|                             | 4        | Accounts receivable, net   |                   | 4   |                 |
|                             | 5        | Loans and other receivables from current and former officers, directors,   |                   | '}  |                 |
|                             |          | trustees, key employees, and highest compensated employees   |                   |     | _               |
|                             | 1        | Complete Part II of Schedule L   |                   | 5   |                 |
|                             | 6        | Loans and other receivables from other disqualified persons (as defined under section  |                   |     | į               |
|                             |          | 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   |                   |     | [1              |
|                             |          | organizations (see instructions) Complete Part II of Schedule L  |                   | 6   |                 |
| (D                          | 7        | Notes and loans receivable, net  |                   | 7   |                 |
| Assets                      | 8        | Inventories for sale or use  |                   | 8   |                 |
| Ass                         | 9        | Prepaid expenses and deferred charges  |                   | 9   |                 |
| •                           | 10a      | Land, buildings, and equipment cost or   |                   |     |                 |
|                             | 1        | other basis Complete Part VI of Schedule D 10a 2,093,807   |                   | ]   |                 |
|                             | Ь        | Less accumulated depreciation  | 1,750,503         | 10c | 1,724,794       |
|                             | 11       | Investments - publicly traded securities   | 27.007000         | 11  | 2,124,134       |
|                             | 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  |                   | 15  |                 |
|                             | 16       | Total assets Add lines 1 through 15 (must equal line 34)   | 2,082,233         | 16  | 2,059,041       |
|                             | 17       | Accounts payable and accrued expenses  |                   | 17  |                 |
|                             | 18       | Grants payable   |                   | 18  |                 |
|                             | 19       | Deferred revenue   |                   | 19  |                 |
|                             | 20       | Tax-exempt bond liabilities  |                   | 20  |                 |
|                             | 21       | Escrow or custodial account liability Complete Part IV of Schedule D   |                   | 21  |                 |
| S                           | 22       | Loans and other payables to current and former officers, directors,  |                   |     |                 |
| Liabilities                 |          | trustees, key employees, highest compensated employees, and  |                   |     |                 |
| ğ                           |          | disqualified persons Complete Part II of Schedule L  |                   | 22  | • •             |
| ڗۨ                          | 23       | Secured mortgages and notes payable to unrelated third parties   | 153,544           | 23  | 128,516         |
|                             | 24       | Unsecured notes and loans payable to unrelated third parties   |                   | 24  |                 |
|                             | 25       | Other liabilities (including federal income tax, payables to related third   |                   |     |                 |
|                             | 23       | parties, and other liabilities not included on lines 17-24). Complete Part X   |                   | i   |                 |
|                             |          | of Schedule D  |                   | 25  |                 |
|                             | 26       | Total liabilities Add lines 17 through 25  | 153,544           | 26  | 128,516         |
|                             | -20      | Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ 🗓 and   | 133/344           |     | 120,310         |
| ហ្                          | ĺ        | complete lines 27 through 29, and lines 33 and 34.   |                   |     |                 |
| ည                           | 27       | Unrestricted net assets  | 596,412           | 27  | 598,248         |
| alai                        | 28       | Temporarily restricted net assets  | 390,412           | 28  | 330,240         |
| œ<br>T                      | 29       | Permanently restricted net assets  | 1,332,277         | 29  | 1 222 277       |
| Š                           | 29       | Organizations that do not follow SFAS 117 (ASC 958), check here  | 1,332,211         | -23 | 1,332,277       |
| F                           |          |  |                   |     |                 |
| Net Assets or Fund Balances | 30       | complete lines 30 through 34  Capital stock or trust principal, or current funds   |                   | 30  | -               |
| SSe                         | 30       | Paid-in or capital surplus, or land, building, or equipment fund   |                   | 31  |                 |
| t A:                        | 31<br>32 | Retained earnings, endowment, accumulated income, or other funds   |                   | 32  |                 |
| ž                           | 33       | Total net assets or fund balances  | 1,928,689         | 33  | 1,930,525       |
|                             | 34       | Total liabilities and net assets/fund balances   | 2,082,233         | 34  | 2,059,041       |
| .FA                         | J+       | TOTAL REPRINCE AND THE ASSESSMENT DEPARTMENT OF THE PROPERTY O | 2,002,233         |     | Form 990 (2015) |

|         | n 990 (2015) SOUTHEASTERN APPALACHIAN RURAL ALLIANCE  | <u>55-077</u> | 6344        | F       | age 1 |
|---------|---|---------------|-------------|---------|-------|
| Ра      | Reconciliation of Net Assets Check of Schedule O contains a response or note to appulate at this Best XI  |               |             |         |       |
| 1       | Check if Schedule O contains a response or note to any line in this Part XI   |               |             |         |       |
| 2       | Total expenses (must equal Part IX, column (A), line 25)  | -             |             | 152,    |       |
| _       | Revenue less expenses. Subtract line 2 from line 1  | 2             |             | 183,    |       |
| 3<br>4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   |               |             | (31,    |       |
|         | Net unrealized gains (losses) on investments  | 5             | 1,          | 928,    | 689   |
| 5       | Donaled services and use of facilities  | 6             | <del></del> |         |       |
| 6       | Investment expenses   | 7             |             |         |       |
| 7       | Prior period adjustments  | 8             |             |         |       |
| 8       | Other changes in net assets or fund balances (explain in Schedule O)  | 9             |             |         |       |
| 9<br>10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line   |               |             |         | 0     |
| 10      | 33, column (B))   | 10            |             | 896,    | 000   |
| Pa      | rt XII Financial Statements and Reporting   |               |             | <u></u> |       |
|         | Check if Schedule O contains a response or note to any line in this Part XII  |               |             |         | . л   |
|         | Check if Schedule O Contains a response of hole to any line in this fact All  |               |             | Yes     | No    |
| 1       | Accounting method used to prepare the Form 990 🔯 Cash 🔲 Accrual 🔲 Other   |               | (.<br>      |         |       |
| 2a      | Were the organization's financial statements compiled or reviewed by an independent accountant?   |               | · · 2a      |         | Х     |
|         | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. |               |             |         |       |
|         | Separate basis Consolidated basis Both consolidated and separate basis  |               |             |         | ļ,    |
| h       | Were the organization's financial statements audited by an independent accountant?  |               | 2b          | ĺ       | X     |
| b       | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a   |               |             |         |       |
|         | separate basis, consolidated basis, or both   |               | - 1         | ĺ       |       |
|         | 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   |               | - 1         | 1       | ŀ     |
|         | of the audit, 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 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   |               | 1           |         |       |
|         | the Single Audit Act and OMB Circular A-133?  |               | . За        |         | 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   |               | . Зь        |         | Į     |
|         |   |               | Form        | 990 (   | 2015) |

#### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

| Nam           | ame of the organization Employer Identification number |   |                       |   |               |                                       |  |   |              |
|---------------|--|---|-----------------------|---|---------------|---------------------------------------|--|---|--------------|
| $\overline{}$ | OUTHEASTERN APPALACHIAN RURAL ALLIANCE 55-0776344      |   |                       |   |               |                                       |  |   |              |
| _             | art I  | Reason for Public Chari   | · <del></del>         |   |               | · · · · · · · · · · · · · · · · · · · | rt ) See instruction   | ns  |              |
| The<br>1<br>2 | orga.  | nization is not a private foundation bei<br>A church, convention of churches, or<br>A school described in section 170(b   | association of chu    | irches described in socti   | on 170(b)     | (1)(A)(i).                            |  |   |              |
| 3             | Ħ  | A school described in section 170(b)(1)(A)(ii). (Atlach Schedule E (Form 990 or 990-EZ) )  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) |                       |   |               |                                       |  |   |              |
| 4             | Ħ  | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III) Enter the  |                       |   |               |                                       |  |   |              |
| •             | ш  | hospital's name, city, and state  | rates in sorijansko   | с поорна созопа   |               | J                                     | ( / / / / / / / Little / / / / / / / / / / / / / / / / / / / |   |              |
| 5             | П  | An organization operated for the ben  | efit of a college or  | university owned or oper  | ated by a     | governmer                             | ntal unit described in                                       |   |              |
| Ŭ             | _  | section 170(b)(1)(A)(IV). (Complete   | -                     |   |               | <b>3</b>                              |  |   |              |
| 6             | П  | A federal, state, or local government   |                       | nit described in section  | 170(b)(1)(    | A)(v)                                 |  |   |              |
| 7             | N  | An organization that normally receive   |                       |   |               |                                       | om the general public  | :   |              |
| •             | K.71   | described in section 170(b)(1)(A)(vi  |                       |   |               |                                       | ,  |   |              |
| 8             | П  | A community trust described in secti  |                       |   |               |                                       |  |   |              |
| 9             | П  | An organization that normally receive   |                       | •   | n contribut   | ions, mem                             | bership fees, and gro  | ss  |              |
| -             | _  | receipts from activities related to its e   |                       |   |               |                                       |  |   |              |
|               |  | support from gross investment incom   |                       |   |               |                                       |  |   |              |
|               |  | acquired by the organization after Jui  |                       |   |               |                                       |  |   |              |
| 10            | П  | An organization organized and opera   | ited exclusively to t | est for public safety. See  | section 5     | 609(a)(4)                             |  |   |              |
| 11            | ñ  | An organization organized and opera   |                       |   |               |                                       | to carry out the purpo                                       | ses of                                      |              |
|               |  | one or more publicly supported organ  |                       |   |               |                                       |  |   |              |
|               |  | the box in lines 11a through 11d that   |                       |   |               |                                       |  |   |              |
|               | а  | Type I. A supporting organization   | operated, supervi     | ised, or controlled by its s  | supported     | organizatio                           | n(s), typically by givir                                     | ng  |              |
|               |  | the supported organization(s) the   | power to regularly    | appoint or elect a major  | rity of the d | lirectors or                          | trustees of the suppo  | orting                                      |              |
|               |  | organization. You must complet  | te Part IV, Section   | is A and B.   |               |                                       |  |   |              |
|               | b  | Type II. A supporting organization  |                       |   |               |                                       |  |   |              |
|               |  | control or management of the su   | pporting organizati   | on vested in the same pe  | ersons that   | control or                            | manage the supporte  | ed  |              |
|               |  | organization(s) You must comp   |                       |   |               |                                       |  |   |              |
|               | С  | Type III functionally intograted  |                       |   |               |                                       |  | th,   |              |
|               |  | its supported organization(s) (sec  |                       |   |               |                                       |  |   |              |
|               | d  | Type III non-functionally integra   |                       |   |               |                                       |  |   |              |
|               |  | that is not functionally integrated   |                       |   |               |                                       | ent and an altentivene                                       | ess   |              |
|               |  | requirement (see instructions) Ye   |                       |   |               |                                       | T 0 T 10   |   |              |
|               | е  | Check this box if the organization  |                       |   |               | s a Type I.                           | Type II, Type III  |   |              |
|               |  | functionally integrated, or Type III  | -                     | *   |               |                                       |  | <i>[</i>                                    |              |
|               | f  | Enter the number of supported organ   |                       |   |               |                                       |  |   |              |
|               | g  | Provide the following information abo-  | r i                   |   | T             |                                       | 1  |   |              |
|               | (1)  | Name of supported organization  | (ii) EIN              | (in) Type of organization<br>(described on lines 1-9<br>above (see instructions)) | 1 '           | irganization<br>ir governing<br>nent? | (v) Amount of monetary<br>support (see<br>instructions)      | (vi) Amount<br>olher support<br>instruction | (see         |
|               |  |   |                       |   | Yes           | No                                    |  |   | <del>-</del> |
| A)            |  |   |                       |   | }             |                                       |  |   |              |
| B)            |  |   |                       |   |               |                                       |  |   |              |
|               |  |   |                       |   |               |                                       |  |   |              |
| C)            |  |   |                       |   |               |                                       |  |   |              |
| D)            |  |   |                       |   |               |                                       |  |   | _            |
| E)            |  |   |                       |   |               |                                       |  | <u>, </u>                                   |              |
| otal          |  |   |                       |   |               |                                       |  |   |              |

990 or 990 EZ) 2015 SOUTHEASTERN APPALACHIAN RURAL ALLIANCE 55-0776344

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)

| Se   | ction A. Public Support  | ·                  |                 |                                       |                                       |                                       |               |
|------|--|--------------------|-----------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------|
| Cale | ndar year (or fiscal year beginning in) 🕨  | (a) 2011           | (b) 2012        | (c) 2013                              | (d) 2014                              | (e) 2015                              | (f) Total     |
| 1    | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")                               | 581,544            | 47,000          | 148,222                               | 38,071                                | 110,803                               | 925,640       |
| 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  |                    |                 | 110 050                               |                                       |                                       |               |
| 4    | organization without charge  | 58,491             |                 |                                       |                                       |                                       | 674,602       |
| 5    | The portion of total contributions by  | 640,035            | 159,614         | 261,172                               | 276,812                               | 262,609                               | 1,600,242     |
| 3    | each person (other than a  |                    |                 | 1                                     |                                       | ]                                     |               |
|      | governmental unit or publicly  |                    | ,               | -                                     |                                       |                                       |               |
|      | supported organization) included on  | , , ,              | <b>/•</b>       |                                       | i                                     |                                       |               |
|      | line 1 that exceeds 2% of the amount   |                    | ٠.              | ٠ ا                                   |                                       |                                       |               |
|      | shown on line 11, column (f)   | ļ                  |                 |                                       | •                                     | ]                                     |               |
| ь    | Public support Subtract line 5 from line 4   | 1,1-1              | ார்வக நிகூர்சரி |                                       | *                                     |                                       | 1,600,242     |
|      | tion B. Total Support  |                    |                 |                                       | <del></del>                           | <u> </u>                              | +10001242     |
|      | ndar year (or fiscal year beginning in)  | (a) 2011           | (b) 2012        | (c) 2013                              | (d) 2014                              | (o) 2015                              | (f) Total     |
| 7    | Amounts from line 4  | 640,035            | 159,614         | 261,172                               | 276,812                               | 262,609                               | 1,600,242     |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 34                 | 2,155           | 47                                    | 251                                   | 228                                   | 2,715         |
| 9    | Net income from unrelated business activities, whether or not the business is regularly carried on                             |                    | 2,133           |                                       | 231                                   | 220                                   | 2,713         |
| 10   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)                                  |                    |                 |                                       |                                       |                                       |               |
| 11   | Total support. Add lines 7 through 10 .  |                    | •               | 7                                     |                                       |                                       | 1,602,957     |
| 12   | Gross receipts from related activities, etc. (se   | ee instructions) . |                 |                                       | · · · · · · · {                       | 12                                    |               |
| 13   | First five years. If the Form 990 is for the or organization, check this box and stop here                                     |                    | <u></u>         | ı, or fifth tax year a                | s a section 501(c)(                   | 3)                                    | • 🗍           |
| Sec  | tion C. Computation of Public Su   |                    |                 |                                       |                                       | <del></del>                           |               |
| 14   | Public support percentage for 2015 (line 6, c  |                    |                 |                                       |                                       |                                       | 9 83 %        |
| 15   | Public support percentage from 2014 Sched  |                    |                 |                                       | L                                     | 15                                    | <u></u> %     |
| 16a  | 33 1/3% support test - 2015. If the organiza   |                    |                 |                                       |                                       |                                       | , <i>1</i> 71 |
|      | box and stop here. The organization qualifie   |                    |                 |                                       |                                       | • • • • • • • • •                     | ▶ [∑]         |
| ь    | 33 1/3% support test - 2014. If the organiza   |                    |                 |                                       |                                       |                                       |               |
|      | check this box and stop here. The organizat  | •                  |                 | •                                     |                                       | • • • • • • • • • • • • • • • • • • • | · · · • []    |
| 17a  |  |                    |                 |                                       |                                       |                                       |               |
|      | 10% or more, and if the organization meets to Part VI how the organization meets the "facts"                                   |                    |                 |                                       |                                       |                                       |               |
|      | <del>-</del>   |                    |                 |                                       |                                       |                                       | <b>.</b> 🗅    |
| b    | organization   |                    |                 |                                       |                                       |                                       | ٠, ٠          |
| IJ   | 15 is 10% or more, and if the organization me  | •                  |                 |                                       |                                       | -                                     |               |
|      | Explain in Part VI how the organization meets  |                    |                 |                                       |                                       | lv                                    |               |
|      | supported organization   |                    |                 | •                                     |                                       | •                                     | 🕨 🔲           |
| 18   | Private foundation. If the organization did no   |                    |                 |                                       |                                       |                                       | _             |
|      | instructions   | <u></u>            |                 | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |                                       |               |

990 or 990-EZ) 2015 SOUTHEASTERN APPALACHIAN RURAL ALLIANCE
Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Papt II If the organization fails to qualify under the tests listed below, please complete Part II)

| Se  | ction A. Public Support  |   |                      |                       |                     |                 | <del></del>           |
|-----|--|---|----------------------|-----------------------|---------------------|-----------------|-----------------------|
| Cal | endar year (or fiscal year beginning in)   | (a) 2011  | (b) 2012             | (c) 2013              | (d) 2014            | (o) 2015        | (f) Total             |
| 1   | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   |   |                      |                       |                     |                 |                       |
| 2   | Gross receipts from admissions, merchandise  | <u> </u>  | <u> </u>             |                       |                     |                 |                       |
|     | sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose                                   |   |                      |                       |                     |                 |                       |
| 3   | Gross receipts from activities that are not an unrelated trade or business under section 513   |   |                      |                       | /                   | /               |                       |
| 4   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |   |                      |                       |                     |                 |                       |
| 5   | The value of services or facilities furnished by a governmental unit to the organization without charge  |   |                      |                       |                     |                 |                       |
| 6   | Total Add lines 1 through 5 · · · · · ·  | <u> </u>  |                      | <u> </u>              | 7                   |                 |                       |
| 7a  | Amounts included on lines 1, 2, and 3 received from disqualified persons · · · · ·   |   |                      |                       |                     |                 |                       |
| b   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year |   |                      |                       |                     |                 |                       |
| С   | Add lines 7a and 7b · · · · · · · · · ·  |   |                      | 1                     |                     |                 |                       |
| 8   | Public support. (Subtract line 7c from   |   | ا                    |                       |                     |                 |                       |
| ~=- | line 6) · · · · · · · · · · · · · · · · · ·  |   | l· Z                 |                       |                     |                 |                       |
|     | etion B. Total Support   | (a) 2011  | (b) 2012/            | (c) 2013              | (d) 2014            | (e) 2015        | (f) Total             |
|     | Amounts from line 6  | (a) 2011  | (6) 2012/            | (0) 2013              | (4) 2014            | (6) 2013        | (i) rotar             |
|     | Gross income from interest, dividends, payments received on securities loans, rents,   |   |                      |                       |                     |                 |                       |
|     | royalties and income from similar sources  |   |                      |                       |                     | <del></del>     |                       |
| 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                                    |   |                      |                       |                     |                 |                       |
| 2   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |   |                      |                       |                     |                 |                       |
| 3   | Total support (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · ·   |   |                      |                       |                     |                 |                       |
|     | First five years If the Form 990 is for the org<br>organization, check this box and stop here  |   |                      | •                     | , ,, ,              |                 | > []                  |
|     | tion C. Computation of Public Su   | <del>`. `                                  </del> |                      |                       |                     |                 |                       |
|     | Public support percentage for 2015 (line 8, co   |   |                      |                       |                     | 15              | <u> %</u>             |
|     | Public support percentage from 2014/Schedul  |   |                      | • • • • • •           |                     | 16              |                       |
|     | tion D. Computation of Investmen   |   |                      |                       |                     | .= 1            |                       |
|     | Investment income percentage for 2015 (line  |   |                      |                       |                     | 17              | %                     |
|     | Investment income percentage from 2014 Sch   |   |                      |                       | _                   | 18              | %                     |
|     | 33 1/3% support tests - 2015 /if the organiza 17 is not more than 33 1/3%, check this box a  | nd stop here. The                                 | e organization quali | fies as a publicly si | ipported organizati | on              | ▶ 🗍                   |
|     | 33 1/3% support tests - 2014. If the organiza<br>line 18 is not more than 33 /1/3%, check this b   | ox and stop here                                  | The organization of  | jualifies as a public | ly supported organ  |                 | ▶ □                   |
|     | Private foundation. If the organization did no   | t check a box on li                               | ne 14, 19a, or 19b,  | check this box and    | I see instructions  |                 | ▶ ∐                   |
| FA  | •  |   |                      |                       |                     | Schodula A (Eon | n 990 or 990-F71 2015 |

55-0776344

Part IV Supporting Organia

Supporting Organizations
(Complete only if you checked a box in line 11 of Part I If you checked 11a of Part I, complete Sections A

and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

| 0 - 4:  | A A !! | C   |                   | <u> </u> | 4:    |
|---------|--------|-----|-------------------|----------|-------|
| Section | A. All | Suc | portina           | Organiza | tions |
|         |        |     | F - 1 - 1 - 1 - 3 |          |       |

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Oid one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| _     |               | I          | Yes |           | No    | 2 |
|-------|---------------|------------|-----|-----------|-------|---|
|       | 10.1          |            |     |           |       |   |
|       | 1             | 1          |     | 1         |       | _ |
|       |               |            |     |           |       |   |
|       | 2             | 1          |     | 1         |       |   |
|       | 3a            |            |     |           |       |   |
|       | -             |            |     |           |       |   |
|       | 3b            |            |     |           |       |   |
|       | <br>3c        |            |     |           |       |   |
|       | 4a            | ŀ          |     | Ī         |       | _ |
|       |               | t          |     | $\dagger$ |       | - |
|       | 4b            |            |     |           |       |   |
|       |               | ,          |     | T         |       | _ |
|       |               | 3          |     |           |       |   |
|       | 4c            | ļ          |     |           |       |   |
|       |               |            |     |           |       |   |
|       |               |            |     |           |       |   |
|       | 5a            | ļ.         |     |           |       | _ |
|       | ,<br>5b       | ,          |     |           |       |   |
|       | 5с            |            |     | I         |       | _ |
|       |               |            |     |           |       |   |
|       |               |            |     | l         |       |   |
|       | 6             | -          |     | $\vdash$  |       | - |
|       | 7             |            |     |           |       |   |
| ł     |               | <u> </u> - | _   | -         |       | - |
| ļ     | 8             | L          |     | L         |       | - |
|       | _             |            |     |           |       |   |
| -     | 9a            | _          |     | _         |       | - |
|       | 9b            |            | . ' |           | -     |   |
|       | 9c            |            |     | -         |       | t |
|       |               |            |     |           |       | - |
|       | 10a           |            |     |           |       |   |
|       | т.<br>10ь     | _          |     |           |       |   |
| A (Fo | 10D<br>rm 990 | ) aı       | 990 | E2        | 1) 20 | - |

|     | rt IV Supporting Organizations (continued)   |  |                   | 90           |
|-----|--|--|-------------------|--------------|
| 1.0 | Tett   Outporting Organizations (Softlinges)   |  | Yes               | No           |
| 44  | Has the organization accepted a gift or contribution from any of the following persons?                                |  | 1103              | 110          |
|     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)           |  | İ                 |              |
| ä   |  | 144-   | ·l                | -            |
|     | below, the governing body of a supported organization?   | 11a  | -                 | +            |
|     | A family member of a person described in (a) above?  | 11b  | ├                 | ┼            |
|     | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI   | 11c  | <u></u>           | <u></u>      |
| Se  | ction B. Type I Supporting Organizations   |  | T                 |              |
|     |  |  | Yes               | No           |
| 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to                    | ĺ  |                   | 1            |
|     | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the     |  |                   |              |
|     | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or          |  |                   |              |
|     | controlled the organization's activities. If the organization had more than one supported organization,                | İ  | ľ                 | ĺ            |
|     | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported              |  |                   |              |
|     | organizations and what conditions or restrictions, if any, applied to such powers during the tax year                  | 1  | -                 | 1            |
|     |  |  |                   | 1            |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported                    | -1   |                   |              |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part        | 1  |                   |              |
|     | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                 |  |                   | 1            |
|     | supervised, or controlled the supporting organization  | 2  |                   | 1            |
| Sec | tion C. Type II Supporting Organizations   | <del></del> _                                | Ь.—               | .l           |
|     |  |  | Yes               | No           |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors       | S 0  | 1.00              | ļ            |
| •   | 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                 |  | 7                 |              |
|     | the supported organization(s)  | 1  | '                 | ł            |
| Sac | tion D. All Type III Supporting Organizations  | <u>.                                    </u> | l                 | <u> </u>     |
| 560 | tion B. Air Type in Supporting Organizations   |  | Yes               | No           |
| 4   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the         | · ·  |                   |              |
| 1   | 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 | ľ  | •-                |              |
|     |  | 4  |                   |              |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?       | 1  |                   | <del> </del> |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported       |  |                   |              |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how     |  |                   |              |
|     | the organization maintained a close and continuous working relationship with the supported organization(s)             | 2 -  | -                 |              |
|     |  |  |                   |              |
| 3   | By reason of the relationship described in (2), did the organization's supported organizations have a                  |  |                   |              |
|     | significant voice in the organization's investment policies and in directing the use of the organization's             | ا، ا   | ,                 |              |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's           | l . 1  |                   |              |
|     | supported organizations played in this regard  | 3  |                   |              |
| Sec | tion E. Type III Functionally-Integrated Supporting Organizations  |  |                   |              |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in  | struc  | tions             | s)           |
| а   | The organization satisfied the Activities Test. Complete line 2 below  |  |                   |              |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below                           |  |                   |              |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (          | see in                                       | struc             | tions)       |
| 2   | Activities Test Answer (a) and (b) below.  | ſ  | Yes               | No           |
| а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of     |  |                   |              |
|     | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify             |  | - 1               |              |
|     | those supported organizations and explain how these activities directly furthered their exempt purposes,               |  | ,                 |              |
|     | how the organization was responsive to those supported organizations, and how the organization determined              |  |                   | •            |
|     | that these activities constituted substantially all of its activities  | 2a \   |                   |              |
| b   | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more    | $\neg +$                                     |                   |              |
| _   | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the           | 1  |                   |              |
|     | reasons for the organization's position that its supported organization(s) would have engaged in these                 |  |                   |              |
|     | activities but for the organization's involvement  | 2b   | - 1               |              |
| 3   | Parent of Supported Organizations Answer (a) and (b) below.  |  | $\longrightarrow$ |              |
|     | - · · · · · · · · · · · · · · · · · · ·  | ľ  |                   |              |
| а   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or            | 3-   |                   | • -          |
| h   | trustees of each of the supported organizations? Provide details in Part VI.   | 3a   |                   |              |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each    | - <u>-</u>                                   | _ 4               |              |
|     | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard       | 3b   |                   |              |

| Scheoulo A (Form 990 or 990 CZ) 2015 SOUTHEASTERN APPALACHIAN RURAL ALLIANG  | - F | 55-07                                  | 76344 Pag  |
|--|-----|--|--|
| Schedulo A (Form 990 or 990 LZ) 7015 SOUTHEASTERN APPALACHIAN RURAL ALLIAN( Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting C |     |  | 70344 100  |
| Check here if the organization satisfied the Integral Part Test as a qualifying  |     |  | instructions All                                 |
| other Type III non-functionally integrated supporting organizations must co  |     |  | 111011 401101101101111                           |
|  | ,   |  | (B) Current Yea                                  |
| Section A - Adjusted Net Income  |     | (A) Prior Year                         | (optional)                                       |
| 1 Net short-term capital gain  | 11  | <del>,</del>                           |  |
| 2 Recoveries of prior-year distributions   | 2   |  | <del>                                     </del> |
| 3 Other gross income (see instructions)  | 3   |  |  |
| 4 Add lines 1 through 3  | 4   |  |  |
| 5 Depreciation and depletion   | 5   |  |  |
| 6 Portion of operating expenses paid or incurred for production or   |     | ······································ |  |
| collection of gross income or for management, conservation, or   |     |  |  |
| maintenance of property held for production of income (see instructions)   | 6   |  |  |
| 7 Other expenses (see instructions)  | 7   |  |  |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8   |  |  |
| Section B - Minimum Asset Amount   |     | (A) Prior Year                         | (B) Current Year                                 |
| 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,  | 77  |  |  |
| see instructions)  | 4   |  |  |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 5   |  |  |
| 6 Multiply line 5 by 035   | 6   |  |  |
| 7 Recoveries of prior-year distributions   | 7   |  |  |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8   |  |  |
| Section C - Distributable Amount   |     | •                                      | Current Year                                     |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1   |  |  |
| 2 Enter 85% of line 1  | 2   |  |  |

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

3 4

5

6

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

4 Enter greater of line 2 or line 3

Income tax imposed in prior year

emergency temporary reduction (see instructions)

| Pa            | rt V   Type III Non-Functionally Integrated 509(a)           | (3) Supporting Organ                             | izations (continued)        |                               |
|---------------|--|--|-----------------------------|-------------------------------|
| Se            | ction D - Distributions                                      | Current Year                                     |                             |                               |
| 1             | Amounts paid to supported organizations to accomplish exe    |  |                             |                               |
| 2             | Amounts paid to perform activity that directly furthers exem |  |                             |                               |
|               | organizations, in excess of income from activity             |  |                             |                               |
| 3             |  | ses of supported organiza                        | tions                       |                               |
| 4             | Amounts paid to acquire exempt-use assets                    |  |                             |                               |
| 5             | Qualified set-aside amounts (prior IRS approval required)    |  |                             |                               |
|               | Other distributions (describe in Part VI) See instructions   | ······································           | <del></del>                 |                               |
| 7             | Total annual distributions, Add lines 1 through 6            |  |                             |                               |
| 8             |  | he organization is respon                        | sive                        |                               |
| -             | (provide details in Part VI) See instructions                | organization to respon                           |                             |                               |
| 9             | Distributable amount for 2015 from Section C, line 6         |  | ·· <del>··</del>            |                               |
|               | Line 8 amount divided by Line 9 amount                       | <del></del>                                      |                             |                               |
|               | Line o amount divided by Line 3 amount                       |  | (iı)                        | (iii)                         |
|               | Section E - Distribution Allocations (see instructions)      | (i)<br>Excess Distributions                      | Underdistributions Pre-2015 | Distributable Amount for 2015 |
| 1             |  |  |                             |                               |
| 2             | Underdistributions, if any, for years prior to 2015          |  |                             |                               |
|               | (reasonable cause required-see instructions)                 |  |                             |                               |
| 3             | Excess distributions carryover, if any, to 2015              |  |                             |                               |
| a             |  |  |                             |                               |
| b             |  |  | <u>-</u>                    |                               |
| С             |  |  |                             | '_                            |
| d             | From 2013  |  |                             |                               |
|               | From 2014  |  |                             | •                             |
| f             | Total of lines 3a through e                                  |  |                             |                               |
|               | Applied to underdistributions of prior years                 |  |                             |                               |
|               | Applied to 2015 distributable amount                         | <del>                                     </del> |                             | ·                             |
|               | Carryover from 2010 not applied (see instructions)           |  | -                           |                               |
| <del></del> - | Remainder Subtract lines 3g, 3h, and 3i from 3f              | <del> </del>                                     |                             |                               |
| <u>-</u> -    | Distributions for 2015 from Section                          | <del> </del>                                     |                             |                               |
| ~             |  |  |                             |                               |
|               | ······································                       | <u> </u>   |                             | <del> </del>                  |
|               | Applied to underdistributions of prior years                 | <u> </u>   |                             |                               |
|               | Applied to 2015 distributable amount                         | 4  |                             |                               |
|               | Remainder Subtract lines 4a and 4b from 4                    |  |                             | ·                             |
| 5             | Remaining underdistributions for years prior to 2015, if     | -  |                             |                               |
|               | any Subtract lines 3g and 4a from line 2 (if amount          |  |                             |                               |
|               | greater than zero, see instructions)                         |  |                             | <del></del>                   |
| 6             | Remaining underdistributions for 2015 Subtract lines 3h      |  |                             |                               |
|               | and 4b from line 1 (if amount greater than zero, see         |  |                             |                               |
|               | instructions)  |  | ·                           |                               |
| 7             | Excess distributions carryover to 2016 Add lines 3j          |  |                             |                               |
|               | and 4c   |  |                             |                               |
| 8_            | Breakdown of line 7  |  |                             | · ·                           |
| а             | *  | <u> </u>   |                             | <u> </u>                      |
| b             |  |  |                             |                               |
|               | Excess from 2013   | <b>'</b>   |                             | · <u>-</u>                    |
|               | Excess from 2014   |  |                             |                               |
| e             | Excess from 2015   |  |                             | <del></del>                   |

# 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.

2015

OMB No 1545 0047

Department of the Treasury

► Attach to Form 990

Attach to Form 990 and its instructions is at www.irs.gov/form990

Open to Public

| Interr    | al Revenue Service Information about Schedule                      | D (Form 990) and its instructions is at www.irs g      | ov/form990.           | Inspection             |
|-----------|--|--|-----------------------|------------------------|
| Nam       | of the organization  |  | Employer identifi     | cation number          |
| <u>so</u> | UTHEASTERN APPALACHIAN RURAI                                       |  | 55-077                | 6344                   |
| Pa        | rt I Organizations Maintaining Donor Advi                          | sed Funds or Other Similar Funds or Acco               | ounts.                |                        |
|           | Complete if the organization answered "\                           | res" on Form 990, Part IV, line 6                      |                       |                        |
|           |  | (a) Donor advised lunds                                | (b) Funds and         | iner 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 advis             | ors in writing that the assets held in donor advised   |                       |                        |
|           | funds are the organization's property, subject to the organization | ganization's exclusive legal control?                  |                       | · · Yos No             |
| 6         | Did the organization inform all grantees, donors, and d            | onor advisors in writing that grant funds can be used  | I                     |                        |
|           | only for charitable purposes and not for the benefit of t          | he donor or donor advisor, or for any other purpose    |                       |                        |
|           | conferring impermissible private benefit?                          | <u>.</u>   | _ · · · ·             | · · · 🔲 Yes 🗌 No       |
| Pa        | rt II Conservation Easements.                                      |  |                       |                        |
| <u> </u>  | Complete if the organization answered "                            | Yes" on Form 990, Part IV, line 7                      |                       |                        |
| 1         | Purpose(s) of conservation easements held by the org               | anization (check all that apply)                       |                       |                        |
|           | Preservation of land for public use (e.g., recreation              | <u> </u>   | Ily important land ar | ea                     |
|           | Protection of natural habitat                                      | Preservation of a certified                            | historic structure    |                        |
|           | Preservation of open space   | _  |                       |                        |
| 2         | Complete lines 2a through 2d if the organization held a            | qualified conservation contribution in the form of a c | conservation          |                        |
|           | easement on the last day of the tax year                           |  |                       | ne End of the Tax Year |
| а         | Total number of conservation easements                             |  | . 2a                  |                        |
| b         | Total acreage restricted by conservation easements                 |  | 2b                    | <del></del> -          |
| c         | Number of conservation easements on a certified history            | ric structure included in (a)                          | 2c                    |                        |
| ď         | Number of conservation easements included in (c) acq               | •  |                       |                        |
| _         | historic structure listed in the National Register                 |  | . 2d                  |                        |
| 3         | Number of conservation easements modified, transferre              | ed, released, exlinguished, or terminated by the orga  | inization during the  |                        |
| -         | tax year 🕨   | •  | -                     |                        |
| 4         | Number of states where property subject to conservation            | on easement is located                                 |                       |                        |
| 5         | Does the organization have a written policy regarding the          | <del></del>  |                       |                        |
| •         | violations, and enforcement of the conservation easem              |  |                       | Tyes TNo               |
| 6         | Staff and volunteer hours devoted to monitoring, inspec            | *****  |                       |                        |
| ٠         | >  | ,g   |                       | .g /                   |
| 7         | Amount of expenses incurred in monitoring, inspecting,             | handling of violations, and enforcing conservation e   | asements dunno thi    | vear                   |
| •         | ► S  | Thanking of Violations, and emorally conservation of   | 200momo 20mg w        | ,,,,,,,                |
| p         | Does each conservation easement reported on line 2(d               | ) shows salish the requirements of section 170/h)/4)   | VR)(i)                |                        |
| 0         | •  | , above satisfy the requirements of section 170(1)(4)  |                       | · · · Tyes No          |
| 0         |  |  |                       | 🗀 162 🗀 140            |
| 9         | In Part XIII, describe how the organization reports cons           | •  |                       |                        |
|           | balance sheet, and include, if applicable, the text of the         | lootnote to the organization's financial statements th | iat describes the     |                        |
| Bai       | organization's accounting for conservation easements               | tions of Art, Historical Treasures, or O               | thar Cimilar Ac       | va ete                 |
| Pai       |  |  | mer Similar As        | ssets.                 |
|           | Complete if the organization answered "                            |  |                       |                        |
| 18        | If the organization elected, as permitted under SFAS 11            |  |                       |                        |
|           | works of art, historical treasures, or other similar assets        | •  |                       |                        |
|           | public service, provide, in Part XIII, the text of the footnot     |  |                       |                        |
| b         | If the organization elected, as permitted under SFAS 111           |  |                       |                        |
|           | works of art, historical treasures, or other similar assets        | •  | unnerance of          |                        |
|           | public service, provide the following amounts relating to          |  | <u>.</u> .            |                        |
|           | (i) Revenue included on Form 990, Part VIII, line 1                |  | _                     |                        |
| 2         | (ii) Assets included in Form 990, Part X                           |  | <del>-</del>          |                        |
| 2         | If the organization received or held works of art, historical      |  | , provide the         |                        |
| _         | following amounts required to be reported under SFAS               |  |                       |                        |
| a         | Revenue included on Form 990, Part VIII, line 1                    |  | _                     |                        |
| b         | Assets included in Form 990, Part X                                |  | <b>&gt;</b> \$        |                        |

| Sche     | dute D (Form 990) 2015 SOUTHEASTERN AI                |           |                     |               |              |                 |             | 55-077               |                | Page 2      |
|----------|---|-----------|---------------------|---------------|--------------|-----------------|-------------|----------------------|----------------|-------------|
| Pa       | rt III Organizations Maintaining (                    | Coll      | ections of A        | rt, His       | torical T    | reasures        | , or Oth    | ner Similar As       | sets (con      | itinued)    |
| 3        | Using the organization's acquisition, accession,      |           |                     |               |              |                 |             |                      |                |             |
| -        | collection items (check all that apply)               |           |                     | •             |              | J               | J           |                      |                |             |
| а        | Public exhibition                                     |           | d 🗍 loa             | n or eych     | ange progr   | rams            |             |                      |                |             |
| -        | ×   |           |                     |               | ange progr   |                 |             |                      |                |             |
| b        | Scholarly research                                    |           | e 🗀 Om              | er            |              |                 |             |                      |                |             |
| C        | Preservation for future generations                   |           |                     |               |              |                 |             |                      |                |             |
| 4        | Provide a description of the organization's colle     | ction     | s and explain no    | ow they it    | inner the o  | rganization's   | exempt      | purpose in Pari      |                |             |
|          | XIII  |           |                     |               |              |                 |             |                      |                |             |
| 5        | During the year, did the organization solicit or re   |           |                     |               |              |                 |             |                      |                | σ           |
| _        | assets to be sold to raise funds rather than to be    |           |                     | of the org    | ganization's | collection?     | <del></del> |                      | . \ Yo         | s No        |
| Ра       | rt IV Escrow and Custodial Arrang                     | gem       | ients.              |               | 000 0-       | at IV China a C |             |                      |                |             |
|          | Complete if the organization ar                       | iswe      | erea "Yes" o        | n Form        | 990, Pai     | rt iv, line s   | e, or re    | ported an amo        | unt on Fo      | tw          |
|          | 990, Part X, line 21                                  |           | _                   |               |              |                 |             |                      |                |             |
| 1a       | Is the organization an agent, trustee, custodian      |           |                     |               |              |                 |             |                      | _              | _           |
|          |   |           |                     |               |              |                 |             |                      | . Ye           | s 🗌 No      |
| b        | If "Yes," explain the arrangement in Part XIII and    | d con     | aplete the follow   | ing table.    |              |                 |             |                      |                |             |
|          |   |           |                     |               |              |                 | [           | Am                   | rount          |             |
| С        | Beginning balance                                     |           |                     |               |              |                 | · · 10      | ; [                  |                |             |
| d        | Additions during the year                             |           |                     |               |              |                 | 10          | 1                    |                |             |
| ø        | Distributions during the year                         |           |                     |               |              |                 |             | ,                    |                |             |
| f        | Ending balance  |           |                     |               |              |                 | . 1f        | -                    |                |             |
| 2a       | Did the organization include an amount on Furn        |           |                     |               |              |                 | <u> </u>    |                      | \ Ye           | s No        |
|          | If "Yes," explain the arrangement in Part XIII Ch     |           |                     |               |              |                 |             |                      | _              | =           |
|          | rt V Endowment Funds.                                 | ic civ i  | ilere ii tile expli | THE COLUMN    | 3 Decir pro  | VIGCO OIL T     | 77111       |                      |                |             |
|          | Complete if the organization ar                       | 214/6     | ared "Vec" o        | n Form        | 990 Par      | rt IV line 1    | 10          |                      |                |             |
|          | Complete if the organization at                       |           |                     |               |              | T               |             |                      | <del></del>    | <del></del> |
|          |   | <u>(a</u> | Curront year        | (b) P         | nor year     | (c) Two yea     | rs back     | (d) Three years back | (e) Four ye    | oars back   |
| 1a       | Beginning of year balance                             |           |                     |               |              |                 |             |                      |                |             |
| þ        | Contributions   |           |                     |               |              |                 |             |                      |                |             |
| С        | Net investment earnings, gains, and                   |           |                     |               |              |                 |             |                      |                |             |
|          | losses  |           |                     |               |              |                 |             |                      |                |             |
| d        | Grants or scholarships                                |           |                     |               |              |                 |             |                      |                |             |
| 0        | Other expenditures for facilities and                 |           |                     |               |              |                 |             |                      |                |             |
|          | programs  |           |                     |               |              |                 |             |                      |                |             |
| f        | Administrative expenses · · · · · ·                   |           |                     |               |              |                 |             |                      |                |             |
| g        | End of year balance                                   |           |                     |               |              |                 |             |                      |                |             |
| 2        | Provide the estimated percentage of the current       | year      | end balance (li     | ne 1g, col    | lumn (a)) h  | eld as:         |             |                      |                |             |
| а        | Board designated or quasi-endowment                   |           | %                   |               |              |                 |             |                      |                |             |
| b        | Permanent endowment ▶ %                               |           | <del></del>         |               |              |                 |             |                      |                |             |
| С        | Temporanly restricted endowment                       |           | %                   |               |              |                 |             |                      |                |             |
|          | The percentages in lines 2a, 2b, and 2c should e      | gual      | 100%                |               |              |                 |             |                      |                |             |
| 3a       | Are there endowment funds not in the possessio        |           |                     | that are      | held and ad  | dministered i   | for the     |                      |                |             |
|          | organization by                                       |           |                     |               |              |                 |             |                      | ſγ             | es No       |
|          | (i) unrelated organizations · · · · · ·               |           |                     |               |              |                 |             | <i>.</i>             | 3a(i)          | <del></del> |
|          | (ii) related organizations                            |           |                     |               |              |                 |             |                      | 3a(II)         | <del></del> |
| <b>L</b> | If "Yes" on 3a(ii), are the related organizations lis |           |                     | ا مانیام داما | <br>Do       |                 |             |                      | · 3b           |             |
| 4        | •               |           | •                   |               |              |                 |             |                      | . 30           |             |
| 4        | Describe in Part XIII the intended uses of the org    |           |                     | ent lunas     |              |                 |             |                      |                |             |
| Pai      | t VI Land, Buildings, and Equipm                      |           |                     |               | 000 0        | 4 IV 1          | 4- 0-       | - C 000 D-           | - 4 V   1      | 40          |
|          | Complete if the organization an                       | swe       | red Yes or          | 1 Form        | 990, Par     | tiv, line i     | ia See      | e Form 990, Pa       | iπ X, line     | 10          |
|          | Description of property                               |           | (a) Cost or othe    |               | 1            | r olher basis   | , ,         | Accumulated          | (d) Book v     | aluo        |
|          | <u> </u>  |           | (investme           | ni)           | (0           | other)          | de          | preciation 1         |                |             |
| 1a       | Land  |           |                     |               |              |                 |             |                      |                |             |
| b        | Buildings   |           | 2,09                | 3,807         |              |                 |             | 369,013              | 1,72           | 4,794       |
| С        | Leasehold improvements                                |           |                     |               |              |                 |             |                      |                |             |
| d        | Equipment   |           |                     |               |              |                 |             |                      |                |             |
| е        | Other   |           |                     |               |              |                 |             |                      |                |             |
| Total    | Add lines 1a through 1e (Column (d) must equa         | l For     | m 990, Part X.      | column (E     | 3), line 10c | ) .             |             |                      | 1,72           | 4,794       |
| EEA      |   |           |                     |               |              |                 |             | Sc                   | hedule D (Forn |             |

| Part VII          | m 990) 2015 SOUTHEASTERN A Investments - Other Securities.           | PPALACHIAN RURAL ALL     | IANCE 55-07                                       | 776344 Page                             |
|-------------------|--|--------------------------|---|---|
| Fait VII          | Complete if the organization answer                                  | ed "Yes" on Form 990, Pa | art IV, line 11b See Form 99                      | 0, Part X, line 12                      |
|                   | (a) Description of security or category                              | (b) Book value           | (c) Method of valua                               | ition                                   |
| (1) Financial     | (including name of security)   |                          | Cost or end-of-year mark                          | et votie                                |
| ٠,                | neld equity interests  |                          |   | <del></del> -                           |
| (3) Other         | leid equity interests  | · }                      |   |   |
| (A)               |  |                          |   |   |
| (B)               |  |                          |   |   |
| (C)               |  |                          |   |   |
| (D)               | <del></del>  |                          |   | <del></del>                             |
| (E)               | <del></del>  | -                        |   |   |
| (F)               |  |                          |   |   |
| (G)               |  |                          |   |   |
| (H)               |  |                          |   |   |
|                   | must equal Form 990 Part X col (B) line 12 )                         |                          | · · · · · · · · · · · · · · · · · · ·             |   |
| Part VIII         | Investments - Program Related.  Complete if the organization answere | ed "Yes" on Form 990, Pa | art IV, line 11c See Form 990                     | D, Part X, line 13                      |
|                   | (a) Description of investment  | (b) Book value           | (c) Melhod of valual<br>Cost or end of year marke | เดา                                     |
| (1)               |  |                          |   |   |
| (2)               |  |                          |   |   |
| (3)               |  |                          |   |   |
| (4)               |  |                          |   |   |
| (5)               |  |                          |   |   |
| (6)               |  |                          |   |   |
| (7)               |  |                          |   |   |
| (8)               |  |                          |   |   |
| (9)               |  |                          |   |   |
| Total (Column (b) | ) must equal Form 990 Part X col (B) line 13 )                       |                          |   |   |
| Part IX           | Other Assets.  |                          |   | - · · · · · · · · · · · · · · · · · · · |
|                   | Complete if the organization answere                                 | ed "Yes" on Form 990, Pa | rt IV, line 11d See Form 990                      | ), Part X, line 15                      |
| ,                 | (a) C  | Oscription               |   | (b) Book value                          |
| (1)               |  |                          |   | ļ                                       |
| (2)               |  |                          |   |   |
| (3)               |  |                          |   |   |
| (4)               |  |                          | <u> </u>  |   |
| (5)               |  |                          |   | <del> </del>                            |
| (6)               |  |                          |   |   |
| (7)               |  |                          |   |   |
| (8)               |  |                          |   |   |
| (9)               |  |                          |   |   |
|                   | n (b) must equal Form 990, Part X, col (B) line 15                   | )                        | · · · · · · · · · · · · · · · · · · ·             |   |
| Part X            | Other Liabilities.   | d IIVaali on Form 000 Da | d IV/ line 11e er 11f Cee Fee                     | rm 000 Dort V                           |
|                   | Complete if the organization answere line 25                         | e Yes on Form 990, Pa    | ntiv, line the of this see For                    | m 990, Part A,                          |
| 1                 | (a) Description of fiability   | (b) Book value           | _   |   |
| (1) Federal ı     | ncome taxes  | <u> </u>                 | _   |   |
| (2)               |  |                          | _   |   |
| (3)               |  |                          | -   |   |
| (4)               |  | ·····                    | _   |   |
| (5)               |  | <del></del>              | _   |   |
| (6)               | 1  |                          | 1   | •                                       |

▶ Total (Column (b) must equal Form 990 Part X col (B) line 25 ) 2 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(7) (8) (9)

| Sche  | Sule D (Form 990) 2015 SOUTHEASTERN APPALACHIAN RURAL ALLIANCE  |                            | 55-0776344    | Page 4      |
|-------|---|----------------------------|---------------|-------------|
| Pa    | rt XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, F |                            | oer Return.   |             |
| 1     |   |                            | . 1           |             |
| 2     | Amounts included on line 1 but not on Form 990, Part VIII, line 12.   |                            |               |             |
| а     | Net unrealized gains (losses) on investments  | 2a                         | }             |             |
| b     | Donaled services and use of facilities  | 2b                         | <del>-</del>  |             |
| c     | Recoveries of prior year grants   | 2c                         |               |             |
| d     | Other (Describe in Part XIII )  | 2d                         |               |             |
| 0     | Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·   | · · · · · · ·              |               |             |
| 3     | Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·  |                            | . 3           |             |
| 4     | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |                            |               |             |
| a     | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                         | }             |             |
| b     | Other (Describe in Part XIII )  |                            |               |             |
| c     | Add lines 4a and 4b   |                            | 4c            |             |
| 5     | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |                            | <del></del>   |             |
| _     | rt XII Reconciliation of Expenses per Audited Financial Stater  |                            |               |             |
| Га    | Complete if the organization answered "Yes" on Form 990, I  |                            | s per Neturn. |             |
| 1     | Total expenses and losses per audited financial statements  |                            | . 1           |             |
| 2     | Amounts included on line 1 but not on Form 990, Part IX, line 25  |                            |               |             |
| а     | Donated services and use of facilities  | 2a                         |               |             |
| þ     | Prior year adjustments  | 2b                         |               |             |
| С     | Other losses  | 2c                         |               |             |
| d     | Other (Describe in Part XIII )  |                            | 7             |             |
| е     | Add lines 2a through 2d   |                            | . 2e          |             |
| 3     | Subtract line 2e from line 1  |                            | . 3           |             |
| 4     | Amounts included on Form 990, Part IX, line 25, but not on line 1.  |                            |               |             |
| a     | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                         |               |             |
| b     | Other (Describe in Parl XIII )  | 4b                         | 7             |             |
|       | Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·   |                            | · 4c          |             |
| 5     | Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)   |                            |               |             |
|       | t XIII   Supplemental Information.  |                            |               |             |
|       | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines                   | es th and 2h Part V line 4 | Part X line   |             |
|       | rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any                           |                            |               |             |
| 2, Fa | IT AI, lines 20 and 40, and 1 art Air, lines 20 and 40 Also complete this part to provide any t                         |                            |               |             |
|       |   |                            |               |             |
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### 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.

OMB No 1545-0047 2015

Open.to Public Inspection

Department of the Treasury Internal Revenue Service

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

| Name of the organization   | Employer identification number |
|--|--------------------------------|
| SOUTHEASTERN APPALACHIAN RURAL ALLIANCE                                      | 55-0776344                     |
|  |                                |
| 01. Members or stockholder classes and rights (Part VI, line 6)              |                                |
|  |                                |
| 06   |                                |
| ALL BOARD MEMBERSHAVE EQUAL VOTING RIGHTS                                    |                                |
| Mad deline Hengalient a Mgo Id Fol 2 to Interio                              |                                |
|  |                                |
|  |                                |
| 02. Mombor election for additional members (Part VI, line 7a)                |                                |
| 07   |                                |
| 07   |                                |
| AS PER THE BY-LAWS, NEW BOARD MEMBERS ARE FLOCTED BY ANAJORITY OF THE CAIST  | ING BOARD                      |
|  |                                |
| MEMBLRS,   |                                |
|  |                                |
|  |                                |
| 03. Governing body decisions (Part VI, line 7b)                              |                                |
|  |                                |
| 08   |                                |
| AND THE PROPERTY OF THE PROPERTY WITH PORTER AND THE HOMER AND               |                                |
| ALL MAJOR DECISIONS COMES BEFORE THE BOARD AND ARE VOTED ON.                 | <u> </u>                       |
|  |                                |
|  |                                |
| 04. Form 990 governing body review (Part VI, line 11)                        |                                |
|  |                                |
| 012  |                                |
| AT EACH BOARD MESTING, THE FINANCIAL REPORTS ARE GIVEN TO EACH BOARD NEMBER  | FOR REVIEW                     |
|  |                                |
|  |                                |
|  |                                |
| 05. Conflict of interest policy compliance (Part VI, line 12c)               |                                |
| 014  |                                |
| 55.  | <u></u>                        |
| CONFLICT OF INTEREST POLICIES ARE COVERED IN THE BY-LAWS AND PERSONNEL POLI  | CY MANUAL                      |
|  |                                |
|  |                                |
| 06. CEO, executive director, top management comp (Part VI, line 15a)         |                                |
|  | ·····                          |
| 015  |                                |
|  |                                |
| COMPENSATION OF \$23,171 10 WAS PAID TO THE EXECUTIVE DIRECTOR SUSEN ROSSHIR | r, AND APPROVED                |
| BY THE BOARD MEMBERS/  |                                |
|  |                                |

| Schedule O (Farm 990 or 990-EZ) (2015)                                     | Page                           |
|--|--------------------------------|
| Name of the organization   | Employer identification number |
| SOUTHEASTERN APPALACHIAN RURAL ALLIANCE                                    | 55-0776344                     |
|  | <u> </u>                       |
|  |                                |
|  |                                |
| 07. Other officer or key employee compensation (Part VI, line 15b          |                                |
| 016  |                                |
|  |                                |
| OTHER COMPENSATION OF \$8,750 00 WAS PAID TO A CPA FIRM, NAMED SANDRA B NE | LLY, CPA, AC                   |
|  |                                |
| 08 Governing documents, etc, available to public (Part VI, line 19)        |                                |
|  |                                |
| 013  |                                |
| THE ORGANIZATION MAKLS ITS GOVERNIG DOCUMENTS AVAILABLE TO THE PUBLIC UPON | REQUEST DURING                 |
| THE WAY  |                                |
| THE YEAR.  |                                |
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