e	EXTENDED TO NOV	EMB	ER 15, 2017			
corm 990-T	Exempt Organization Bus	sine	ss Income 1	Tax Return	1 I	OMB No 1545-0687
	(and proxy tax und				· [
	For calendar year 2016 or other tax year beginning		, and ending			2016
0 (1) - T	► Information about Form 990-T and its instru	ctions i		gov/form990t.	_	20 10
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may					Open to Public inspection for 501(c)(3) Organizations Only
A Check box if	Name of organization (Check box if name of				D Empl	oyer identification number
address changed	Italia of organization (ontok box ii hamo o	mangee	and see instructions.)			loyees' trust, see uctions)
B Exempt under section	Print APPALACHIA SERVICE PRO	ا (2-0989383			
X 501(c)(3)	or Number, street, and room or suite no. If a P.O box	_		· · - · - · - · - · - · - · - · -	E Unrel	lated business activity codes
408(e) 220(e)	Type 4523 BRISTOL HIGHWAY	A, 300 II	nsu deuons.		(See	instructions)
408A 530(a)	City or town, state or province, country, and ZIP o	r foroig	un postal codo		ł	
529(a)	JOHNSON CITY, TN 3760				452	000
C Book value of all assets		<u> </u>			4 7 2	
at end of year 6,026,112.	G Check organization type X 501(c) corporation		EO 1(a) trust	40.1(a) truet		Other truck
	n's primary unrelated business activity. RESALE		501(c) trust	401(a) trust		Other trust
				DISE	17	es X No
	the corporation a subsidiary in an affiliated group or a parei	nt-subs	sidiary controlled group?	P L	Ye	es 🗘 No
	and identifying number of the parent corporation.		T	/	422	\ 0E4 0000
	SUSAN MILLER				423	
	d Trade or Business Income		(A) Income	(B) Expenses	· · · · · ·	(C) Net
1a Gross receipts or sale			007 000			
b Less returns and allo		10	207,900.	^	,	*· // 41,
2 Cost of goods sold (S	•	2	146,982.			60 040
3 Gross profit. Subtrac		3	60,918.			60,918.
4a Capital gain net incor	ne (attach Schedule D)	4a	 	1,1,1	,	
b Net gain (loss) (Form	i 4797, Part II, line 17) (attach Form 4797)	4b		¢		
c Capital loss deduction	n for trusts	4c				
5 Income (loss) from p	artnerships and S corporations (attach statement)	5				
6 Rent income (Schedi	ıle C)	6				
7 Unrelated debt-finance	ced income (Schedule E)	7				
8 Interest, annuities, ro	yalties, and rents from controlled organizations (Sch. F)	8				
9 Investment income o	f a section 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt act	ıvıty ıncome (Schedule I)	10				
11 Advertising income (Schedule J)	11				
12 Other income (See in	structions, attach schedule)	12		>> -1-	٠,٠ ×,٠	
13 Total. Combine lines	s 3 through 12	13	60,918.			60,918.
	ons Not Taken Elsewhere (See instructions for	or limita		<u></u>		<u> </u>
(Except for	contributions, deductions must be directly connected	d with	the unrelated busines:	s income)		
14 Compensation of of	ficers, directors, and trustees (Schedule K) nance edule) rons (See instructions for limitation rules) Form 4562) aimed on Schedule A and elsewhere on return				14	
15 Salaries and wages		TIE	$D_{\neg O}$		15	_
16 Repairs and mainter	nance SECE		100		16	
17 Bad debts	KLE		47 1981		17	
18 Interest (attach sche	edule)	3 51	771 BE		18	
19 Taxes and licenses	18/ JUN 1	٠ .			19	 -
	ions (See instructions for limitation rules)				20	
21 Depreciation (attach	Form 4562))FIX			20	
•	aimed on Schedule A and elsewhere on return		21 22a		226	
•	aimed on Schedule A and eisewhere on return		228		22b 23	<u> </u>
•	orred componentian plans				_	
	erred compensation plans				24	
25 Employee benefit pr	•				25	
26 Excess exempt expe					26	
27 Excess readership c	,		a== ====	T114T13TM 1	27	001-005-
28 Other deductions (at	•		SEE STAT	EWENT, T	28	201,305.
	dd lines 14 through 28				29	201,305.
	taxable income before net operating loss deduction. Subtrac	t line 2			30	-140,387.
	eduction (limited to the amount on line 30)		SEE STAT	EMENT 2	31	
	axable income before specific deduction. Subtract line 31 fr		30	İ	32	-140,387.
·	Generally \$1,000, but see line 33 instructions for exceptions	•			33	1,000.
34 Unrelated business	taxable income. Subtract line 33 from line 32 If line 33 is g	greater	than line 32, enter the sm	aller of zero or		

623701 01-18-17 LHA For Paperwork Reduction Act Notice, see instructions.

line 32

-140,387. Form **990-T** (2016)

Form 990-		2-098	39383	Page 2
Part I	II Tax Computation			
35	Organizations Taxable as Corporations See instructions for tax computation.		·>	
	Controlled group members (sections 1561 and 1563) check here See instructions and:		,	
_ a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		_ قب	
	(1) \$ (2) \$ (3) \$,	
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)		* *	
	(2) Additional 3% tax (not more than \$100,000) \$			
C	Income tax on the amount on line 34	•	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
	Tax rate schedule or Schedule D (Form 1041)	•	36	
37	Proxy tax. See instructions	>	37	
38	Alternative minimum tax		38	
39	Tax on Non-Compliant Facility Income. See instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
Part I	V. Tax and Payments			
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a			
b	Other credits (see instructions) 41b			
C	General business credit. Attach Form 3800 41c			
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	0.
43	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	schedule)	43	
44	Total tax. Add lines 42 and 43		44	0.
45 a	Payments: A 2015 overpayment credited to 2016 45a			
b	2016 estimated tax payments 45b		7	
C	Tax deposited with Form 8868 45c		7.2:1	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 45d		- :	
е	Backup withholding (see instructions) 45e] *	
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f		7	
g	Other credits and payments: Form 2439		1	
	Form 4136 Other Total ▶ 45g			
46	Total payments. Add lines 45a through 45g		46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	>	49	0.
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax Refunde		50	
Part \	Statements Regarding Certain Activities and Other Information (see instruction	s)		
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country			
	here			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to	irust?		X
	If YES, see instructions for other forms the organization may have to file.			-
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete peclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	at of my kno	wledge and belie	ef, it is true,
Sign	/- m	М	lay the IRS discu	ss this return with
Here	6//3/// CFO		e preparer show	
	Signature of officer Date Title	ın:	structions)? X	Yes No
	Print/Type preparer's name Preparer's signature Date Check	k X ı	f PTIN	
Paid		employed		
Prepa	rer RICHARD L. LINNEN RICHARD L. LINNEN 06/02/17			10498
Use C	Indiv Firm's name ► BROWN, EDWARDS & COMPANY, L.L.P. Firm	's EIN 🕨	54-0	504608
	513 STATE STREET			
	Firm's address ► BRISTOL, VA 24201 Pho	ne no. 2	76-669	-6171
			For	n 990-T (2016)

Schedule A - Cost of Goods	s Sold. Enter meth		ory valuation 🕨 COS	<u> </u>			
1 Inventory at beginning of year	1	6,832.	6 Inventory at end of year	ar		6 42,5	<u> 23.</u>
2 Purchases	2 18	2,673.	7 Cost of goods sold. S	ne 6 - 🗵	<u> </u>		
3 Cost of labor	3		from line 5. Enter here	art I,	: 19		
4a Additional section 263A costs			line 2			7 146,9	982.
(attach schedule)	4a		8 Do the rules of section	1 263A (v	vith respect to	Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5 18	9,505.	the organization?	•	, , , ,	*** *	X
Schedule C - Rent Income (Lease	ed With Real Prop	perty)	
(see instructions)		<u> </u>					_
1. Description of property							
							
(2)			·				
(3)							
(4)		_					
	2. Rent received or a	iccrued					
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	` 'of rent for per	personal property (if the percent sonal property exceeds 50% or it is based on profit or income)	tage f	3(a) Deductions directly of columns 2(a) and	connected with the income d 2(b) (attach schedule)	IN
(1)							
(2)							
(3)							
(4)				-			
Total	O Total			0.			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	<u> </u>		0.	(b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	ot-Financed Inc	ome (see in	structions)				
			2 0		 Deductions directly conn to debt-finance 		
1. Description of debt-fin	nanced property		 Gross income from or allocable to debt- financed property 	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule)	
				<u> </u>			
(2)				1		1	
(3)							
(4)					-	† 	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjust of or allocab debt-financed p (attach schei	le to property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deduc (column 6 x total of co 3(a) and 3(b))	olumns
(1)			%				
(2)			%				
(3)			%	1			
(4)			<u></u> %	1			
···			-		oter here and on page 1, art I, line 7, column (A)	Enter here and on pag Part I, line 7, column	
Totals			•		0.	.	0.
Total dividends-received deductions inc	cluded in column 8		•		<u> </u>		0.
	<u>-</u>			-		Form 990-T	(2016)

Schedule F - Interest, A	1	,,		Controlled O				2 (220 113	4000010		
Name of controlled organizati	ide	Employer ntification number	3. Net unr	related income instructions)	4. Tot	ments made inc		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)			<u> </u>								
Nonexempt Controlled Organiz	zations										
7. Taxable Income	8. Net unrelated in (see instruct		9. Total	of specified pay made	ments	10 Part of colur in the controlli gross	nn 9 that ng organ income	is included ization's	11. Ded with	uctions directly connected income in column 10	
(1)											
(2)											
(3)											
(4)											
						Add colum Enter here and line 8, c		1, Part I,)	Enter he	f columns 6 and 11 are and on page 1, Part I, one 8, column (B)	
Totals	_							0.		0 <u>.</u>	
Schedule G - Investme (see instr		a Sectio	on 501(c)(7), (9), or	(17) Or						
1. Descr	ription of income			2. Amount of	ıncome	 Deduction directly connected (attach sched) 	cted	4. Set-a	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)				ļ							
Totals			•	Enter here and Part I, line 9, co	on page 1, lumn (A)		` ;			Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited (see instru		ity Incor	ne, Othe	r Than Ac	vertisi	ng Income	•			·•	
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	expenses y connected production inrelated ess income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		1		<u> </u>							
(2)											
(3)											
(4)	Enter here and on page 1, Part I, line 10, col (A)	page line 10	nere and on a 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertising	ng Income (so		0.	L						0.	
	_ <u>`</u>			aalidata d	Posis						
Part I Income From F		eportea (on a Con				— т				
1. Name of periodical	2. Gross advertisin income	ig ad	3. Direct lvertising costs	4. Advert or (toss) (co col 3) If a ga cols 5 th	d 2 minus iin, comput	5. Circulati income	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)				_		L	[
(3)				_							
(4)											
Totals (carry to Part II, line (5))	•	0.	0							0.	
										Form 990-T (2016)	

Form 990-T (2016) APPALACHIA SERVICE PROJECT, INC. 62-09893

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising - income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	ightharpoonup	0.	0.	, ,			0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.		7, 7,	* * *	0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2016)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
ALLOCATION OF INDIRECT EXPENSE	S	201,305.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	201,305.
FORM 990-T NET O	PERATING LOSS DEDUCTION	STATEMENT 2