

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 7/1/2017, and ending 6/30/2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization Live Healthy Appalachia, Inc.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
145 Columbus Rd 201
 City or town State ZIP code
Athens OH 45701
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 45-2724317

E Telephone number 740-856-6100

F Name and address of principal officer:
Tom Kostohryz 145 Columbus Rd, Ste 201, Athens, OH 45701

G Gross receipts \$ 218,373

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527

J Website: www.livehealthyappalachia.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 2011 **M** State of legal domicile: OH

H(c) Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Live Healthy Appalachia, Inc.'s mission is to promote healthy eating and active living through educational programs and community partnerships.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	127,514	74,189
	9 Program service revenue (Part VIII, line 2g)	150,361	97,431
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,201	17,699
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	285,076	189,319
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	163,477	153,440
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	108,225	68,198
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	271,702	221,638	
19 Revenue less expenses. Subtract line 18 from line 12	13,374	-32,319	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 109,325	End of Year 49,529
	21 Total liabilities (Part X, line 26)	30,786	3,309
	22 Net assets or fund balances. Subtract line 21 from line 20	78,539	46,220

Part II Signature Block

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

Sign Here
 Signature of officer: Tom Kostohryz
 Date: 11-30-18
 Type or print name and title: Tom Kostohryz pres

Paid Preparer Use Only

Print/Type preparer's name <u>Laura J MacDonald</u>	Preparer's signature	Date <u>11/28/2018</u>	Check <input type="checkbox"/> If self-employed	PTIN <u>P00964405</u>
Firm's name <u>Laura J MacDonald, CPA, Inc.</u>	Firm's EIN <u>34-1840478</u>	Firm's address <u>135 North Broadway, Medina, OH 44256</u> Phone no. <u>330-722-1944</u>		