### Form 990

#### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2005

**Open to Public** Inspection

Form 990 (2005)

TEEA01091 02/03/06

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2005 calendar year, or tax year beginning 2005, and ending D Employer Identification Number Check if applicable APPALACHIAN RESEARCH & DEFENSE FUND 61-0848948 Address change IRS label or print or type. OF KY., INC E Telephone number Name change 120 NORTH FRONT STREET (606) 886-3876 Initial return specific PRESTONSBURG, KY 41653 nstruc-tions, Accounting method: Cash X Accrual Final return Other (specify) Amended return Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations Application pending H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates G Web site: ► N/A H (c) Are all affiliates included?... Organization type (If 'No,' attach a list. See instructions,' 3 ◀ (insert no ) (check only one) H (d) Is this a separate return filed by an if the organization's gross receipts are normally not more than organization covered by a group ruling? \$25,000 The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a Group Exemption Number ... Check ► If the organization is not required М to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. **►** 4,072,645 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) Contributions, gifts, grants, and similar amounts received: 16,061 a Direct public support ... **b** Indirect public support.... 1 b 3,995, c Government contributions (grants) ..... 1 c Total (add lines 1a through 1c) (cash \$ \_ 4,011,787. noncash \$ 1 d 4,011,787. ١. Program service revenue including government fees and contracts (from Part VII, line 93) 2 36,125. Membership dues and assessments 3 16,611 Interest on savings and temporary cash investments 4 Dividends and interest from securities..... 5 6a Gross rents ECFIVED 000 b Less: rental expenses 6b 6с 3,000. 7 (A) Securities (B) Other Ba Gross amount from sales of assets other than inventor CDEN, in the bases and sales expenses 8a 5,122 1,325 c Gain or (loss) (attach schedule) . . . Statement. 1 3,797 3,797. d Net gain or (loss) (combine line 8c, columns (A) and (B)) . 8 d 9 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including 9b **b** Less direct expenses other than fundraising expenses ..... c Net income or (loss) from special events (subtract line 9b from line 9a). 9с 10a Gross sales of inventory, less returns and allowances... 10 a **b** Less. cost of goods sold. c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 10 c Other revenue (from Part VII, line 103) 11 11 4,071,320. 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 Program services (from line 44, column (B)).. ... 3,172,015. 13 13 14 Management and general (from line 44, column (C)) 14 571,266. Fundraising (from line 44, column (D)). 15 15 Payments to affiliates (attach schedule) 16 3,743,281 Total expenses (add lines 16 and 44, column (A)). 17 Excess or (deficit) for the year (subtract line 17 from line 12). . . 18 328,039. SET 19 Net assets or fund balances at beginning of year (from line 73, column (A)). ... 19 1,238,078 20 Other changes in net assets or fund balances (attach explanation) . . . . . . 20 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 1,566,117

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Part II

E	oo not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising			
22	Grants and allocations (att sch)								
	(cash \$					•			
	поп-cash \$)								
	If this amount includes								
	foreign grants, check here .	22			,				
23	Specific assistance to individuals (att sch).	23			,				
24	Benefits paid to or for members (att sch)	24	179,602.	152 662	26 040				
25	Compensation of officers, directors, etc	25 26	1,900,007.	152,662. 1,615,007.	26,940. 285,000.	0.			
26	Other salaries and wages . Pension plan contributions	27	179,564.	152,629.	26,935.	<del></del>			
27	•	28	410,088.						
28	Other employee benefits	29	156,165.	348,575.	61,513.				
29	Payroll taxes	$\overline{}$	130,103.	132,740.	23,425.				
30	Professional fundraising fees.	30	16.000		16.000				
31	Accounting fees	31	16,000.		16,000.				
32	Legal fees .	32	20.000						
33	Supplies	33	88,332.	79,539.	8,793.				
34	Telephone .	34	93,850.	84,465.	9,385.				
35	Postage and shipping	35							
36	Occupancy	36	102,784.	87,782.	15,002.				
37	Equipment rental and maintenance	37	39,747.	36,894.	2,853.				
38	Printing and publications.	38	60,854.	54,769.	6,085.				
39	Travel	39	83,782.	75,404.	8,378.				
40	Conferences, conventions, and meetings	40							
41	Interest	41							
42	Depreciation, depletion, etc (attach schedule).	42	109,923.	98,886.	11,037.				
43	Other expenses not covered above (itemize):								
á	See Statement 2	43a	322,583.	252,663.	69,920.				
	b	43b							
	·	43 c							
		43 d							
•	·	43e							
1		43f							
	'	43 g							
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44	3,743,281.	3,172,015.	571,266.	0.			
Join	t Costs. Check If you are following	SOP 9							
	any joint costs from a combined education			olicitation reported in (E	Program services? .	► Yes X No			
	es,' enter (i) the aggregate amount of thes			; (ii) the ar	mount allocated to Prog	ram services			
\$			to Management and ge	eneral \$	, and (iv) the	amount allocated			
to Fi	undraising \$				<u> </u>				
RΔΔ									

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)  a Served approximately 6,565 clients.	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)  a Served approximately 6,565 clients.	eturn Therefore
a Served approximately 6,565 clients.	am Service Expenses arred for 501(c)(3) and organizations and 47(a)(1) trusts, but otional for others.)
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶     b	3,172,015.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ►	
<sup>c</sup>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here.	
d	
(Grants and allocations \$ ) If this amount includes foreign grants, check here • Other program services	

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ...

) If this amount includes foreign grants, check here

BAA

(Grants and allocations \$

Part IV Balance Sheets (See Instructions)

Note	: Wh	nere required, attached schedules and amounts within lumn should be for end-of-year amounts only	n the description	(A) Beginning of year		(B) End of year
$\neg \top$	45	Cash - non-interest-bearing		625,130.	45	1,606.
	46	Savings and temporary cash investments	302,193.	46	916,084.	
	47:	Accounts receivable	47a			
- 1		Less: allowance for doubtful accounts	47 b		47 c	
- [	•	Leads, anomalios is abasilar about the first in the			1 " 1	
	48:	a Pledges receivable	48a		1	
		Less allowance for doubtful accounts	48b		48 c	
- 1	49	Grants receivable		161,823.	49	384,430.
Ą	50	Receivables from officers, directors, trustees, and kemployees (attach schedule)	еу		50	
A S E T S	51 a	a Other notes & loans receivable (attach sch).	51a 6,254.	······································		
Ī		Less: allowance for doubtful accounts	51 b	11,721.	51 c	6,254.
	52	Inventories for sale or use			52	
ŀ	53	Prepaid expenses and deferred charges		43,041.	53	43,501.
ļ	54	Investments - securities (attach schedule)	► Cost FMV [		54	
	55 a	Investments - land, buildings, & equipment: basis	55 a			
	t	Less: accumulated depreciation (attach schedule)	55 b		55 c	
Ì	56	Investments – other (attach schedule)			56	
	57 a	Land, buildings, and equipment: basis	57a 1,582,428.			
ļ	ł	Less: accumulated depreciation (attach schedule) Statement. 4	<b>57b</b> 701,235.	729,679.	57 c	881,193.
	58	Other assets (describe >	).		58_	
	59	Total assets (must equal line 74). Add lines 45 thro	ugh 58	1,873,587.	59	2,233,068.
$\neg \top$	60	Accounts payable and accrued expenses		319,468.	60	351,789.
누	61	Grants payable		61		
I A B I L I T	62	Deferred revenue		316,041.	62	315,162.
Ĭl	63	Loans from officers, directors, trustees, and key employees (attack	n schedule)		63	
Ţ		Tax-exempt bond liabilities (attach schedule)			64 a	<del></del>
E S		Mortgages and other notes payable (attach schedule)			64 b	
S		Other habilities (describe	·\·	605 500	65	666 051
<del></del>		Total liabilities. Add lines 60 through 65		635,509.	66	666,951.
	Urgan		nd complete lines 67			
Ĕ	~-	through 69 and lines 73 and 74.		164 107	67	102 426
ŝ	67	Unrestricted	·· · · · · · · · · · · · · · · · · · ·	164,107. 1,073,971.	67 68	182,436. 1,383,681.
ANNEHA	68 69	Temporarily restricted		1,013,911.	69	1,303,001.
		izations that do not follow SFAS 117, check here	and complete lines		103	<del></del>
R	Jiyan	70 through 74.	and complete inles		l (	
מצט	70	Capital stock, trust principal, or current funds			70	
В	71	Paid-in or capital surplus, or land, building, and equ	ipment fund	<del></del>	71	
Ŗ	72	Retained earnings, endowment, accumulated income			72	
日本してことにい	73	Total net assets or fund balances (add lines 67 thro 72; column (A) must equal line 19; column (B) mus	ough 69 <b>or</b> lines 70 through	1,238,078.	73	1,566,117.
ริ	74	Total liabilities and net assets/fund balances. Add l	•	1,873,587.	74	2,233,068.
L	/~	Total naphines and het assetshand balances. Add	ines 66 and 73	1,013,301.	<del></del>	Earm <b>990</b> (2005)

Fo	orm 990 (2005) APPALACHIAN RESEARCH & DEFENSE FUND	61-0	848	948 Page
P	Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue instructions.)	enue per Ret	urn	(See
a b	Total revenue, gains, and other support per audited financial statements		а	4,077,620.
	1 Net unrealized gains on investments	6,300.		
c	Add lines b1 through b4		ь с	6,300. 4,071,320.
ŭ	1 Investment expenses not included on Part I, line 6b			
	Add lines d1 and d2		d	<del></del>
e	Total revenue (Part I, line 12). Add lines c and d  Part IV-B Reconciliation of Expenses per Audited Financial Statements with Ex	·····	<u>e</u>	4,071,320.
	art IV-B   Reconciliation of Expenses per Audited Financial Statements with Ex	penses per K	etur	<u>n</u>
a b			a	3,749,581.
	1 Donated services and use of facilities	6,300.		
С	Add lines <b>b1</b> through <b>b4</b>		b c	6,300. 3,743,281.
d	1 Investment expenses not included on Part I, line 6b d1  2 Other (specify)		`,	
е	Add lines d1 and d2		d e	3,743,281.
P	art V-A Current Officers, Directors, Trustees, and Key Employees (List each per or key employee at any time during the year even if they were not compensated.) (See			
	(B) Title and average hours (C) Compensation (D)	<ol><li>Contributions to</li></ol>	) [	(E) Expense

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
LARRY H. YORK	President & CEO	83,607.	7,405.	0.
PRESTONSBURG, KY 41653	38			
KAREN ALFANO	Vice President	57,220.	5,250.	0.
HAZARD, KY 41701	_ 38			
DIANE FISH	Secretary	38,775.	3,693.	0.
PRESTONSBURG, KY 41653	38			
	-			
	-			
	<u>-</u>			
	-			

Form 990 (2005) APPALACHIAN RESEARCH	A DEFENSE FUND		61-08489	48	F	Page 6		
Part V-A Current Officers, Directors, Tru	stees, and Key Er	nployees (continued)	)		Yes	No		
75 a Enter the total number of officers, directors, and trustees p	ermitted to vote on organiza	tion business as board meetin	gs ► 3					
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that								
identifies the individuals and explains the relationship(s)								
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related								
to this organization through common supervision or common control?								
Note. Related organizations include section 50						` '		
If 'Yes,' attach a statement that identifies the in other organization(s), and describes the comporelated organization	ndividuals, explains the ensation arrangements	ne relationship between s, including amounts pa	this organization and the iid to each individual by ea	ach				
d Does the organization have a written conflict of	f interest policy?	<u> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u></u>	75d				
Part V-B Former Officers, Directors, Trus Benefits (If any former officer, director during the year, list that person below a the instructions)	or, trustee, or key emp	lovee received compen	sation or other benefits (d	lescribed t	below)	)		
(ne mardenors)	(B) Loans and	(C) Compensation	(D) Contributions to	<b>(E)</b> Ex	nense			
(A) Name and address	Advances	(C) Compensation	employee benefit plans and deferred compensation plans	account a	and ot	her		
				<del></del>				
	····							
		1						
		<b>\</b>	}					
	<del></del>							
		İ						
			<del></del>					
Part VI Other Information (See the instruct	ions )	<u> </u>	<del></del>		Yes	No		
76 Did the organization engage in any activity not attach a detailed description of each activity.	previously reported to	the IRS? If 'Yes,'		. 76		X		
77 Were any changes made in the organizing or g				77	$\overline{}$	X		
If 'Yes,' attach a conformed copy of the change		·				. ,		
78a Did the organization have unrelated business of	gross income of \$1,000	or more during the yea	ar covered by this return?	78a		Х		
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b	N/	A		
79 Was there a liquidation, dissolution, terminatio year? If 'Yes,' attach a statement.	n, or substantial contra	action during the		79	$\exists$	X		
80 a Is the organization related (other than by assomembership, governing bodies, trustees, office			ation) through common	80 a		х		
<b>b</b> If 'Yes,' enter the name of the organization ►				_				
		neck whether it is e	xempt or nonexemp	ī.	1	. 1		
81 a Enter direct and indirect political expenditures.	. (See line 81 instruction	ons.)	81 a (	<u> </u>	$\dashv$	<del>.</del>		
<b>b</b> Did the organization file Form 1120-POL for th	is year?			l 81 bl	ı	ΧI		

Form 990 (2005)

BAA

	990 (2005) APPALACHIAN RESEARCH & DEFENSE FUND	61-084894	8	F	Page 1
Pa	rt VI Other Information (continued)			Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no chain	rge or at			Ì
	substantially less than fair rental value?		82 a	X	<b> </b>
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as	6 200	'	,	1
	revenue in Part I or as an expense in Part II. (See instructions in Part III )	6,300.			ļ
	Did the organization comply with the public inspection requirements for returns and exemption application.	i	83 a	X	├
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?  Did the organization solicit any contributions or gifts that were not tax deductible?		83 b 84 a	X	X
			044		├^
b	off 'Yes,' did the organization include with every solicitation an express statement that such contributions not tax deductible?	or gifts were	84 b	N	/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85 a		A
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	_	/A
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organiza waiver for proxy tax owed for the prior year.			,	
		N7 / 7			İ
	Dues, assessments, and similar amounts from members	N/A N/A			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A			1
	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 a	— <u>N</u>	A
_	•		83 <u>g</u>	- 147	<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate dues allocable to nondeductible lobbying and political expenditures for the following tax year?	of	85 h	N,	/A
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on				ł
	line 12	N/A			1
	Gross receipts, included on line 12, for public use of club facilities	N/A	1		١.
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a	N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A		, 	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 3 If 'Yes,' complete Part IX	or partnership, 01.7701-3?	88		Х
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under				
	section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ►	0.		٠,	L:
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit to during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attack explaining each transaction.	ansaction th a statement	89 b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization.	<b>-</b>			0.
90 a	List the states with which a copy of this return is filed ► None				
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) $\dots$		90 ь		64
91 a	The books are in care of ► LARRY H. YORK, PRESIDENT Telephone number ► Located at ► PRESTONSBURG, KY 41653, Z	_(606)_886-3 IP+4►_41653			
b	At any time during the calendar year, did the organization have an interest in or a signature or other aut	thority over a r		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial accilif 'Yes,' enter the name of the foreign country.	ount)?	91 Ь		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar Financial Statements	nk and			,
c	At any time during the calendar year, did the organization maintain an office outside of the United State	s? .	91 c		X
	If 'Yes,' enter the name of the foreign country				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here .		. N/A		<b>-</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year .	▶ 92		_	N/A
BAA			Form	990 (	2005

Part VII	Analysis of Income-Produc	ing Activit	ies (See the instructi	ions )		
Note: Ente	er gross amounts unless		d business income		ection 512, 513, or 514	(E)
otherwise .	ındıcated.	(A) Business code	(B) Amount	(C) Exclusion code	( <b>D)</b> Amount	Related or exempt function income
	ogram service revenue: ctorney Fees Awarded					26 125
а <u>л</u> с b	corney rees Awarded					36,125.
c						
d						
e	dicare/Medicaid payments	<u></u> .		<del></del>		
	s & contracts from government agencies			<del> </del>		
_	mbership dues and assessments.					
	rest on savings & temporary cash invmnts.					16,611.
	ridends & interest from securities rental income or (loss) from real estate:					
	ot-financed property	<u> </u>		<del></del>	<u> </u>	
	debt-financed property.					3,000.
	rental income or (loss) from pers prop.					
	ner investment income					
oth	in or (loss) from sales of assets er than inventory					3,797.
	income or (loss) from special events .					
	ss profit or (loss) from sales of inventory ner revenue: a			<del>                                     </del>	1	· · · · · · · · · · · · · · · · · · ·
b	iei ieveilue. a			<del> `</del>		<del> , , , , , , , , , , , , , , , , , , </del>
c						
d						
e	total (add columns (B), (D), and (E))	<del></del>		<del>                                     </del>		59,533.
	tal (add line 104, columns (B), (D),	and (E))			<u> </u>	59,533.
Note: Line	105 plus line 1d, Part I, should equ	ial the amoun	t on line 12, Part I.			
Part VIII	Relationship of Activities to	<u>o the Acco</u>	mplishment of Ex	empt Purpos	es (See the instruction	s.)
Line No. ▼	Explain how each activity for which of the organization's exempt purp	h income is rooses (other th	eported in column (E) ian by providing funds	of Part VII contri	buted importantly to the	accomplishment
N/A	<u> </u>				_ <del></del>	
<u> </u>	l. C. S.	- L.I CL:	diada and Diag			<del> </del>
Partix	Information Regarding Tax	able Subsi			(D)	<del>'</del>
Nome	(A)		,	C) 		(E)
name, par	address, and EIN of corporation, tnership, or disregarded entity	Percentage ownership in		factivities	Total income	End-of-year assets
N/A			ક			
			8			
		<del></del>	8			
Part X	Information Regarding Tra	nsfers Ass		onal Benefit (	Contracts (See the in	structions.)
a Did the	e organization, during the year, receive any fu				<del></del>	Yes X No
	he organization, during the year, pa		•	n a personal ben	efit contract?	Yes X No
Note: /	f 'Yes' to (b), file Form 8870 and Fo			·	<del></del>	·
	Under penalties of perjury, I declare that I have true, correct, and complete Declaration of pre	e examined this reparer (other than	eturn, including accompanying officer) is based on all inform	g schedules and staten lation of which prepare	nents, and to the best of my kno r has any knowledge.	wledge and belief, it is
Please	- Dum 13	<u>~~</u>	DL.		15-5-	-06
Sign Here	Signature of officer	'a =	-		Date _ / _ /	
ПСІС	Type or print name and title.	OYK			5/5/0	06
	Type of print name and time.	7/ 7	~	Date	Charled Pro	eparer's SSN or PTIN (See
Paid	Preparer's signature I anny R. Hall	<i>ilton</i>		5-2-00		eparer's SSN or PTIN (See ineral Instruction W) / A
Pre- parer's	Firm's name (or Jones, Pack	& Associ	ates, CPAs		Spioyee [ [[11]	· <del></del>
Use	yours if selfemployed),   3176 South I			}	EIN N/A	
Only	address, and ZIP + 4 Prestonsburg	, KY 416	53		Phone no ► (606	5) 886-2756
RAA			· <del></del>	-	TEE 401081 10/18/0	5 Form <b>990</b> (2005)

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

Name of the organization

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2005

Department of the Treasury Internal Revenue Service ► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

APPALACHIAN RESEARCH & DEFENSE FUND

Employer identification number

Schedule A (Form 990 or 990-EZ) 2005

OMB No 1545-0047

61-0848948

Part I	(See instructions List each one.	Highest Paid Employees Oth If there are none, enter 'None.')	ner Than Officers	s, Directors, an	d Trustees
(a)	Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
IRA NEWMA	N				
<del></del>	3.0770	DIRECTING ATTY. 3	<u>71,434.</u>	6,348.	0.
ADDISON P	AKKEK	DIRECTING ATTY. 3	61,269.	5,834.	0.
DEBORAH S	PRING				
LOIS MORR	TS	DIRECTING ATTY. 3	61,631.	5,558.	0.
		DIRECTING ATTY. 3	57,074.	5,409.	0.
SUE PRATE	R	DIRECTING ATTY. 3	E7 500	E 403	
Total number of	of other employees paid	DIRECTING ATT. 30	57,588.	5,483.	0.
over \$50,000 Part II - A	Compensation of the Five	Highest Paid Independent C	ontractors for Pr	ofessional Ser	vices
	(See instructions. List each one (	whether individuals or firms). If ther	e are none, enter 'No	one.')	
(a) Name a	and address of each independent c	ontractor paid more than \$50,000	<b>(b)</b> Type	of service	(c) Compensation
None			-		
			1		
			-		
			-		ļ
Total number of \$50,000 for pro	of others receiving over of sistematics.	(		,	
		Highest Paid Independent C	ontractors for Ot	her Services	
	(List each contractor who perform enter 'None.' See instructions.)	ed services other than professional	services, whether in	dividuals or firms.	f there are none,
(a) Name a	and address of each independent c	ontractor paid more than \$50,000	<b>(b)</b> Type (	of service	(c) Compensation
None					
			<u> </u>	<del>-</del>	
				<del></del>	
			-		
Total number of over \$50,000 for	of other contractors receiving or other services		)		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Sch	dul	e A (Form 990 or 990-EZ) 2005	APPALACHIAN RESEARCH & DEFENSE FUND	61-084894	8	P	age 2
Pai	t II	Statements About Activ	vities (See instructions )			Yes	No
1	or	incurred in connection with the lobb	· · · · · · · · · · · · · · · · · · ·				
	•		VI-A, or line i of Part VI-B.)		1		X
	ore	ganizations that made an election of ganizations checking 'Yes' must corobying activities.	nplete Part VI-B AND attach a statement giving a detailed description	of the			
2	su tax	bstantial contributors, trustees, dire cable organization with which any si	either directly or indirectly, engaged in any of the following acts with ctors, officers, creators, key employees, or members of their families, uch person is affiliated as an officer, director, trustee, majority owner, istion is 'Yes,' attach a detailed statement explaining the transactions.	or with any			
1	Sa	lle, exchange, or leasing of property	?		2a		X
ŀ	Le	nding of money or other extension of	of credit?		2b	_	<u>X</u>
•	: Fu	rnishing of goods, services, or facili	ties?		2c		X
(	<b>l</b> Pa	yment of compensation (or paymer	t or reimbursement of expenses if more than \$1,000)?		2d	_	<u>X</u>
•	Tra	ansfer of any part of its income or a	ssets?		2e		<u>X</u> _
	ex	planation of how you determine tha	fellowships, student loans, etc? (If 'Yes,' attach an trecipients qualify to receive payments.)		За		<u>X</u>
(	: Du	iring the year, did the organization r	plan for your employees?	170(h)?	3b 3c	_	X
- '	on	the use or distribution of funds?		[	4a		<u>x</u> _
	Do	you provide credit counseling, deb	t management, credit repair, or debt negotiation services?	<u> </u>	4b		<u>X</u>
Pai	t /\	/ Reason for Non-Private	Foundation Status (See Instructions.)				
The	orga	,	because it is: (Please check only ONE applicable box.)				
5 6	-	A church, convention of churches, A school Section 170(b)(1)(A)(ii)	or association of churches. Section 170(b)(1)(A)(i).  (Also complete Part V.)				
7	<u> </u>	•	al service organization. Section 170(b)(1)(A)(iii).				
8		· · · · · · ·	ent or governmental unit. Section 170(b)(1)(A)(v).				
9	L	and state ► _/	perated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter	· 			
10	L	(Also complete the Support Sche	•			)(1)(A	.)(iv).
11 a	X	An organization that normally rece Section 170(b)(1)(A)(vi). (Also con	eives a substantial part of its support from a governmental unit or from nplete the <b>Support Schedule</b> in Part IV-A.)	n the general p	oublic.		
116	· [	A community trust. Section 170(b)	(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)				
12	L	from activities related to its charita	eives: <b>(1) more than 33-1/3%</b> of its support from contributions, membe able, etc, functions — subject to certain exceptions, and <b>(2) no more t</b> d unrelated business taxable income (less section 511 tax) from busin See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part I'	<b>han 33-1/3%</b> o	f its si	inport	ipts t
13		An organization that is not control described in: (1) lines 5 through 12 box that describes the type of sup	led by any disqualified persons (other than foundation managers) and 2 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of se porting organization. Type 1 Type 2 Typ	ection 509(a)(2	nızatıd ). Che	ons ck the	<b>a</b>
		Provide (	he following information about the supported organizations. (See insti	ructions)			
			(a) Name(s) of supported organization(s)	(l	from	abov	
14	Г	An organization organized and on	erated to test for public safety. Section 509(a)(4) (See instructions )	<del></del>	<u></u>		
	_	,					

c Total support for section	n 509(a)(1) test: Enter lin	ne 24, column (e)			26 c	14,783,113
d Add Amounts from col	umn (e) for lines: 18	79,261.	19			
	22		26 b		26 d	79,261
e Public support (line 26	minus line 26d total).			<u> </u>	26 e	14,703,852
f Public support percent	tage (line 26e (numerator	) divided by line 26c (deno	minator))		26 f	99.46
27 Organizations describe						
a For amounts included in name of, and total amounts for each	ounts received in each yea	it were received from a 'dis ar from, each 'disqualified p	qualified person, person, person.' <b>Do not fi</b>	prepare a list for y le this list with you	our rec	cords to show the n. Enter the sum o
(2004)	(2003)	(2002)_		(2001)		
to show the name of, a \$5,000. (Include in the After computing the dif	nd amount received for e list organizations describe	eived from each person (otl ach year, that was more th ed in lines 5 through 11b, a unt received and the largei	ian the <b>larger</b> of ( as well as individi	<ol><li>the amount on lasts;</li><li>Do not file th</li></ol>	ine 25 f i <b>s list v</b>	for the year or (2) with your return.
(2004)	(2003)	(2002)_		(2001)		
c Add. Amounts from col		5	16	· ·		
17	2	20	21		27 c	
d Add: Line 27a total		and line 27b total			27 d	
e Public support (line 27d	total minus line 27d tota	il)			27 e	

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)).

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

કૃ

왕

27 g

27 h

Private School Questionnaire (See Instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N	/A		<u></u>
			Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charte other governing instrument, or in a resolution of its governing body?	r, bylaws,	9		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all it catalogues, and other written communications with the public dealing with student admissions, programs and scholarships?	s brochures,	0	-	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast med the period of solicitation for students, or during the registration period if it has no solicitation program, in makes the policy known to all parts of the general community it serves?	a wav that 📗	1		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)			-	,
32 Does the organization maintain the following:				:
a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially	33	2a		
nondiscriminatory basis?	[3:	2 b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dea with student admissions, programs, and scholarships?	<u></u>	2 c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	<b>. .</b> 3	2 d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate state	tement.)			
		-	* .	•
33 Does the organization discriminate by race in any way with respect to:			· · ·	•
a Students' rights or privileges?		3a		
b Admissions policies?		3b		
c Employment of faculty or administrative staff?		3c	+	
e Educational policies?	33		1	
f Use of facilities?	33			
<b>g</b> Athletic programs?	33	$\top$		
h Other extracurricular activities?	33	$\top$		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate sta	atement.)			
		_		
34a Does the organization receive any financial aid or assistance from a governmental agency?	. 34	la	_	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	34	ь	+	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		-		

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) N/A if the organization belongs to an affiliated group. Check ▶ b if you checked 'a' and 'limited control' provisions apply. Check ► a (a) Affiliated group (b) Limits on Lobbying Expenditures To be completed for ALL electing totals (The term 'expenditures' means amounts paid or incurred.) organizations Total lobbying expenditures to influence public opinion (grassroots lobbying).... 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying). 37 Total lobbying expenditures (add lines 36 and 37) ... . 38 38 Other exempt purpose expenditures . . 39 40 40 Lobbying nontaxable amount Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 ... 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . ... \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 ... \$175,000 plus 10% of the excess over \$1.000.000 41 Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000 ... \$1,000,000 Over \$17,000,000... . .. Grassroots nontaxable amount (enter 25% of line 41) ..... 42 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. 43 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (d) (c) (e) (or fiscal year beginning in) 2005 2004 2003 2002 Total Lobbying nontaxable amount` Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying 50 expenditures . . . Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any Yes No Amount attempt to influence public opinion on a legislative matter or referendum, through the use of: **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**) .... c Media advertisements . . . . . .. d Mailings to members, legislators, or the public.... f Grants to other organizations for lobbying purposes . **q** Direct contact with legislators, their staffs, government officials, or a legislative body... h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .

i Total lobbying expenditures (add lines c through h.) ..

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

## Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	e reporting organization	directly or i	ndirectly engage in any	of the following	ng with any other organization describe ting to political organizations?	ed in secti	on 50	1(c)
a Transfers from the reporting organization to a noncharitable exempt organization of:						ĺ	Yes	
	sh					51 a (i)		X
(ii)Other assets						a (ii)		Х
<b>b</b> Other t	transactions:							
<b>(i)</b> Sa	les or exchanges of ass	sets with a r	oncharitable exempt or	ganization		b (i)		X
(ii)Purchases of assets from a noncharitable exempt organization						b (ii)		X
(iii)Rental of facilities, equipment, or other assets						b (iii)		Х
(iv)Re	ımbursement arrangem	ents .				b (iv)		<u> X</u>
• • •	ans or loan guarantees.					b (v)		_X_
(vi)Performance of services or membership or fundraising solicitations						b (vi)		<u>X</u>
c Sharing	g of facilities, equipmen	nt, mailing li	sts, other assets, or par	d employees		<u> </u>		X
the go	ods, other assets, or sei	rvices given	by the reporting organi	zation. If the called	lumn (b) should always show the fair ma organization received less than fair ma oods, other assets, or services received	iarket value rket value	iu 16 ot	
(a) Line no.	(b) Amount involved	(c)  Name of noncharitable exempt organization			(d) Description of transfers, transactions, and sharing arrangements			
N/A		<del> </del>	<del></del>	<u> </u>				
N/A	<del></del>	<del> </del>	<del> </del>					
	<del></del>				· · · · · · · · · · · · · · · · · · ·			
	······································							
		L						
52a Is the describ	organization directly or i sed in section 501(c) of	indirectly aff the Code (o	iliated with, or related to ther than section 501(c)	o, one or more (3)) or in sect	e tax-exempt organizations tion 527?	Yes	[X]	No
<b>b</b> If 'Yes,	complete the following	schedule:			· · · · · · · · · · · · · · · · · · ·			
(a) Name of organization			(b) Type of organization		(c) Description of relationship			
N/A								
21/ 12								
	<del> </del>							
		<del></del> -		<del></del>				
								<del></del>
				<u></u>		<del>-</del>		
				<del></del>				
BAA	<del></del>		·	·	Schedule A (Form	990 or 99	)-EZ)	2005

2005	Federal Statements	Page 1
Client 410	APPALACHIAN RESEARCH & DEFENSE FUND OF KY., INC.	61-0848948
5/02/06		01:41PM
Statement 1 Form 990, Part I, Line 8 Net Gain (Loss) from Nonin	ventory Sales	
Other Assets		
Description: Date Acquired: How Acquired: Date Sold: To Whom Sold: Gross Sales Price: Cost or Other Basis: Depreciation:	1991 MAZDA 6/13/2001 Purchase 7/14/2005 105. 1,200. 1,200.	
	Gain (Lo	ss) 105.
Description: Date Acquired: How Acquired: Date Sold: To Whom Sold:	2002 KIA 9/30/2003 Purchase 9/27/2005	
Gross Sales Price: Cost or Other Basis:	4,942. 5,300.	
Depreciation:	3,975. Gain (Lo	ss) 3,617.
Description: Date Acquired: How Acquired: Date Sold: To Whom Sold: Gross Sales Price: Cost or Other Basis: Depreciation:	COMPUTER 6/20/2001 Purchase 3/18/2005 25. 999. 999.	ss) 25.
Description: Date Acquired: How Acquired: Date Sold: To Whom Sold:	1989 TOYOTA CAMRY 4/18/1998 Purchase 9/08/2005	
Gross Sales Price: Cost or Other Basis:	50. 6,000.	
Depreciation:	6,000. Gain (Lo:	ss) 50.
	Total Gain (Loss) Other Asse	ets <u>\$ 3,797.</u>
	Total Net Gain (Loss) From Noninventory Sa	les <u>\$ 3,797.</u>
		·