### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016	
Open to Public Inspection	

OMB No. 1545-0047

<u> </u>	OI LITE	e 2010 Calefidal year, or tax year beginning	enuing					
	heck if pplicable	C Name of organization		D Employer identifie	cation number			
	Addres	FOUNDATION FOR APPALACHIAN KENTUCKY, I	NC	]				
	Name change	Doing business as		61-1	329396			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	•				
	]Final return/			(606	)439-1357			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$ 2,225,265.				
	Ameno return	HAZARD, KI 41701		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: GERRI ROLL		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No				
		empt status: $\boxed{X}$ 501(c)(3) $\boxed{}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\boxed{}$ 4947(a)(1)	or 527	If "No," attach a list. (see instructions)				
		te: > WWW.APPALACHIANKY.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2002 N	N State of legal domicile: KY			
Pa	rt I	Summary						
a)		Briefly describe the organization's mission or most significant activities: $\underline{ ext{THE}}$						
Governance		<u>ORGANIZATION IS TO RECEIVE, HOLD, HANDLE, </u>	ADMI	<u>NISTER, INVE</u>	ST, AND			
rne	2	Check this box   if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass				
ŏ				3	11			
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)			11			
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			6			
ĭĘ		Total number of volunteers (estimate if necessary)			100			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.			
	_			Prior Year	Current Year			
ne		Contributions and grants (Part VIII, line 1h)		827,585.	1,784,605.			
Revenue		Program service revenue (Part VIII, line 2g)		0. 140,693.	62,931.			
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-10,986. 957,292.	-5,001.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		446,246.	1,842,535.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		207,067.	249,312.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
ens	10a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  143,7	<u> </u>	0.	0.			
Exp	47			207,914.	373,426.			
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		861,227.	969,579.			
		Revenue less expenses. Subtract line 18 from line 12		96,065.	872,956.			
_ v	19	nevertue less experises. Subtract lifle 16 front lifle 12		eginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		6,148,637.	7,240,970.			
Asse Bala	21	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)		16,391.	49,654.			
let/	22	Net assets or fund balances. Subtract line 21 from line 20		6,132,246.	7,191,316.			
Pa	rt II	Signature Block		0/102/2101	7 7 2 3 2 7 3 2 0 3			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of my	knowledge and belief, it is			
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of wi		•	3			
Sigr	1	Signature of officer		Date				
Her	е	GERRY ROLL, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		KANDY L. WISCHMEIER, CPA KANDY L. WISCHM	EIER, 1	1/09/17 self-employ				
Prep	arer	Firm's name BLUE & CO., LLC		Firm's EIN ▶	35-1178661			
Use	Only	Firm's address 813 WEST SECOND STREET		_				
		SEYMOUR, IN 47274		Phone no.81	2-522-8416			
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pai	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:
	OUR MISSION IS TO BE A CATALYST FOR COMMUNITY COLLABORATION AND
	CHARITABLE GIVING; TO CREATE PERMANENT ENDOWMENT FUNDS AS A SUSTAINING
	RESOURCE TO IMPROVE QUALITY OF LIFE AND PLACE IN EASTERN KENTUCKY.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?  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 X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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.
 4а	(Code:) (Expenses \$698 , 666 . including grants of \$346 , 841 . ) (Revenue \$
	DURING THE PAST YEAR, THE FOUNDATION:
	*CONTINUED TO OPERATE AND ESTABLISH A WELL-GROUNDED, WELL KNOWN AND
	WELL REGARDED OFFICE AND STAFF IN THE HEART OF THE SOUTHEASTERN
	KENTUCKY COAL FIELDS WHILE ESTABLISHING AND PARTICIPATING IN REGIONAL
	INITIATIVES TO TRANSITION TO A DIVERSE ECONOMY AS THE COAL INDUSTRY
	CONTINUES TO DECLINE;
	*MET NATIONAL STANDARDS FOR US COMMUNITY FOUNDATIONS AS SET FORTH BY
	THE COMMUNITY FOUNDATIONS NATIONAL STANDARDS BOARD AT THE NATIONAL
	COUNCIL ON FOUNDATIONS;
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 698,666.

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "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		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<b>.</b>
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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," complete Schedule D,		37	
	Part VI	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		X
С	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		X
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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	77
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	17		Х
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	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		Х
	· · · · · · · · · · · · · · · · · · ·			

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			3,7
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	000		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, 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	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
J.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2016) FOUNDATION FOR APPALACHIAN KENTUCKY, INC 61-1329396 Part V Statements Regarding Other IRS Filings and Tax Compliance

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Check if Schedule O contains a response or note to any line in this Part V		<u></u>	<u></u>		
be Enter the number of Forms W2G included in line 1s. Enter 0-16 not applicable   10   0   0   0   0   0   0   0   0				. 1		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return  8 If all teast one is reported on line 2, did the organization file all required federal employment tax returns?  8 Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  8 If Ves, the six filled a Form 990-T for this year? If VNo, 1s file 63b, provide an explanation in Schedule O  8 If Ves, 1 and timing the calendary vary, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, did the organization have are interest in, or a signature or other authority over, a financial account in a foreign country. ►  8 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the lax year?  9 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization are organization file Form 8898. T?  8 If Yes, 1 de the Granization and years are party to a prohibited tax shelter transaction at any time during the lax year?  9 Se Did any taxability and the organization file Form 8898. T?  9 Can Justice of the organization for organization file Form 8898. T?  9 Can Justice of the organization and gross receipts that are normally greater than \$100,000, and did the organization solicity any total prohibition or the document of the value of the goods or services provided?  1 If Yes, 1 did the organization for the Amount of the value of the goods or services provided?  1 If Yes, 2 did the organization services a contribution or during the year.  9 If the organization	1a		1a	4			
(agambling) winnings to prize winners?  2 Enfort the number of emptyoses reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  5 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  5 If with expansization have unrelated businesses gross income of \$1,000 or more during the year?  5 If Yes, I want file all Fam 990-71 for this year? If "No," to line 8b, zovovide an explanation in Schedule O  5 If Yes, I want file all Fam 990-71 for this year? If "No," to line 8b, zovovide an explanation in Schedule O  5 If Yes, I want file all Fam 990-71 for this year? If "No," to line 8b, zovovide an explanation in Schedule O  5 If Yes, I want file all Fam 990-71 for this year? If "No," to line 8b, zovovide an explanation in Schedule O  5 If Yes, I want file all Fam 990-71 for this year? If "No," to line 8b, zovovide an explanation in Schedule O  5 If Yes, I want file all Fam 990-71 for Init year? If "No," to line 8b, zovovide an explanation in Schedule O  5 If Yes, I want file all Fam 990-71 for Init year If "No," to line 8b, zovovide an explanation in Schedule O  5 If Yes, I want for the name of the foreign country. If year to a prohibited tax shelter transaction?  5 If Yes, I want for any toar prohibited tax shelter transaction at any time during the tax year?  5 If Yes, I want for a for Sh, of the organization that was or is a party to a prohibited tax shelter transaction?  5 If Yes, I want for some shell year than \$100,000, and did the organization solicit any contributions that were not tax deductable as chartable contributions?  6 If Yes, I want for a form \$88617  6 If Yes, I want for a form \$88617  6 If Yes, I want for a form \$88617  6 If Yes, I want for a form \$88617  6 If Yes, I want for a form \$88617  6 If Yes, I want for a form \$88617  6 If Yes, I want for a form \$88617  6 If Yes, I want for a form \$88617  6 If Yes, I want for a form \$88617  6 If Yes, I want for a form				의			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3b (bit the organization have unrelated business pross income of \$1,000 or more during the year?  3c bit H*ves, has it filed a form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3c bit free, has the filed a form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3c bit of the organization have unrelated business pross income of \$1,000 or more during the pear?  3c A tany time during the calendary vair, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; ▶  1i "Yes," enter the name of the foreign country. ▶  2b If "Yes," enter the name of the foreign country. ▶  2c If "Yes," enter the name of the foreign country. ▶  2c If "Yes," or a provision of the foreign country. ▶  2d Did any taxebe party notify the organization that twas or is a party to a prohibitotia she where transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d bift the organization receive a pyment in excess of \$15 made party as a contribution and party for goods and services provided to the payor?  7a X  7b If "Yes," did the organization include with every solicitation and party for goods and services provided to the payor?  7b If "Yes," did the organization endex of \$15 made party as a contribution and party for goods and services provided to the payor?  7b If "Yes," did the organization endex of the produ	С						
filled for the calendar year ending with or within the year covered by this return  If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  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?  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Virtues of the organization have unrelated business gross income of \$1,000 or more during the year?  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Virtues, and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account)?  3c Virtues, and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  3c Virtues, and the organization of the foreign country.  3c Virtues, and the organization file or incompanies of the organization file or incompanies.  3c Virtues, and the organization file organization file or granization file organization and party to a prohibited tax shelter transaction?  3c Virtues, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or tax deductibles as charitable contributions?  3c Virtues, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  3c Virtues, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  3c Virtues, and the organization include with every solicitation and early for goods and services provided			 I I	.	1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e_mile (see instructions)  3a Did the organization have unrelated business gross income of \$1.000 or more during the year?  3a X  bif Yes, *has if filed a Form 990-T for this year, 9 the organization have unrelated business gross income of \$1.000 or more during the year?  4a At any time during the calendary year, did the organization have uninterest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, socurities account, or other financial accounts (FBAR).  5b Was the organization a party to a prohibitor.  5c Was the organization a party to a prohibitor.  5c If Yes, *to line 5a or 5b, did the organization file form 8886-T?  6a Des the organization have amula gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If Yes, *did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the organization and account or the subject of the supplies of the organization network applies that are normally greater than \$100,000, and did the organization solicitation and express statement that such contributions or gifts were not tax deductible?  6b Verse, *did the organization benefits and party for goods and services provided to the payor?  7c Did the organization selective applies that are normally greater than \$100,000, and did the organization selective applies that are normally greater than \$100,000, and did the organization selective applies that are normally greater than \$100,000, and did the organization selective and the account of the value of the selective than \$100,000, and did the organization selective and the account of the selective than \$100,000, and the transfer of the selecti	2a			اء			
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f H the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization maintaining donor advised funds.  9 Sponsoring organization make any taxable distributions under section 4966?  9 A X  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 b X  Consideration of the sponsoring organization. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 b Gross income from members or shareholders  6 Gross income from members or shareholders  a Initiation fees and capital contributions included on Part VIII, line 12 and the summan of the sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 501(c)(12) organizations. Enter:  a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11				.	7c		X
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Form 990 (2016) FOUNDATION FOR APPALACHIAN KENTUCKY, INC 61-1329396 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 throug to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

800	· · · · · · · · · · · · · · · · · · ·					X
Sec	tion A. Governing Body and Management					l
		1.1	11[		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	_11			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	_11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other				
	officer, director, trustee, or key employee?		L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?		L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		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 a		Г			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s		·····			
_	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		·····			
	The governing body?	-		8a	Х	
				8b	X	
b			⊦	OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					х
800	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		Λ
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				· ·
			Г		Yes	No v
	Did the organization have local chapters, branches, or affiliates?		├-	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, affiliates,				
				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the for	m?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	L	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Yes," describe				
	in Schedule O how this was done		L	12c	X	
13	Did the organization have a written whistleblower policy?		L	13		X
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 approve	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		L	15a	Х	
	Other officers or key employees of the organization			15b		Х
	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 arrange	ment with a				
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		Т			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?		[	16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶KY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	(Section 501(c)(3)s (	nly) ava	ailable	<del></del>	
-	for public inspection. Indicate how you made these available. Check all that apply.	, , , , , , , , , , , , , , , , , , , ,	J,			
		n in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	/ and fi	nanci	al	
.5	statements available to the public during the tax year.	initerest polic	,, and 11	. 141 101	a.	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oke and records.				
20	THE ORGANIZATION - (606) 439-1357	ons and records.				
	420 MAIN STREET, HAZARD, KY 41701					

# 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 Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)							(D)	(E)	(F)	
Name and Title	Average		not cl		more	than o		Reportable	Reportable	Estimated	
	hours per week		, unles cer an					compensation from	compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ALISON F. DAVIS	1.00	트	드	0	Ä	工品	Fe				
DIRECTOR		Х						0.	0.	0.	
(2) CRISSY FISCUS	2.00										
SECRETARY		Х						0.	0.	0.	
(3) DANNY MAGGARD	1.00										
DIRECTOR		Х						0.	0.	0.	
(4) GEOFF MARIETTA	1.00	ļ									
DIRECTOR	1 00	Х						0.	0.	0.	
(5) KATHY KING ALLEN	1.00	٠,,							,	0	
DIRECTOR (C) MARIA PRIMAN MR	1.00	Х				_		0.	0.	0.	
(6) MARIA BRAMAN, MD DIRECTOR	1.00	х						0.	0.	0.	
(7) SCOTT MCREYNOLDS	1.00	^						0.	0.	0.	
DIRECTOR	1.00	х						0.	0.	0.	
(8) TAYLOR WILLIAMS	1.00										
DIRECTOR		Х						0.	0.	0.	
(9) CHRIS GOOCH	1.00										
TREASURER		Х		Х				0.	0.	0.	
(10) GERRY ROLL	40.00										
EXECUTIVE DIRECTOR		Х		Х				60,000.	0.	12,534.	
(11) JOEL BRASHEAR	2.00	ļ									
CHAIR	1 00	Х		Х				0.	0.	0.	
(12) RODNEY CHRISMAN	1.00	- -		37					_	0	
VICE CHAIR		X		Х				0.	0.	0.	
		<u> </u>								Form <b>990</b> (2016	

Form **990** (2016)

Par	tees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)					
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	(da		Pos		<b>1</b> than c		Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		am	ount	of
		week		cer ar	nd a di	irecto	or/trus	tee)	from	from related			other	
		(list any	rector						the	organizations			pensa	
		hours for related	or di	ee ee			ated		organization	(W-2/1099-MISC	)		om the	
		organizations	ustee	trust		e e	ubeus		(W-2/1099-MISC)			•	anizati I relati	
		below	lual tr	tional		ploye	st con	_					nizati	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgo	inzaci	0110
			_	=			1 0	_			$\dashv$			
			-											
											$\dashv$			
											T			
											T			
											T			
											П			
											$\perp$			
1b	Sub-total							ightharpoons	60,000.		).	<u> </u>	2,5	
	Total from continuation sheets to Part VI							ightharpoons	0.		).			0.
d	Total (add lines 1b and 1c)							<u> </u>	60,000.	(	).	1	2,5	<u>34.</u>
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				_
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	•			•		•		•					
	line 1a? If "Yes," complete Schedule J for se										.	3		X
4	For any individual listed on line 1a, is the su	•								•				7,7
	and related organizations greater than \$150	),000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
5	Did any person listed on line 1a receive or a													37
Coo	rendered to the organization? If "Yes." com	plete Schedul	e J f	or sı	ıch r	oers	on					5		X
	tion B. Independent Contractors			_			_			1.00.000 (	—			
1	Complete this table for your five highest con										ารสบ	ion tro	m	
	the organization. Report compensation for t	ne calendar ye	eare	enair	ıg w	ith c	or wi	tnin 		ear.			٠,	
	(A) Name and business	address	NIC	ONE	7				<b>(B)</b> Description of s	ervices	Co	(C omper	r <b>)</b> nsatio	n
			11/	ZIVI				$\dashv$	2000p.1101.101.101					
								$\dashv$						
2	Total number of independent contractors (in	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz					(	_	_	,					
	,,,,										_		aan "	

Form 990 (2016) FOUNDAT
Part VIII Statement of Revenue

		Check if Schedule O contains a res	sponse or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1 a	Federated campaigns	1a				
an		Membership dues	1b				
⊋ ë		Fundraising events	1c 104,177.				
ifts ar A		Related organizations	1d				
s, G milk		Government grants (contributions)	1e				
Sig		All other contributions, gifts, grants, and					
her			1f 1,680,428.				
Ę P	g	Noncash contributions included in lines 1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f	<b>&gt;</b>	1,784,605.			
			Business Code				
g)	2 a						
Ş	b						
Program Service Revenue	С						
an	d						
ge	е						
P.	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<b>)</b>				
	3	Investment income (including dividend	s, interest, and				
		other similar amounts)	<b>&gt;</b>	81,525.			81,525.
	4	Income from investment of tax-exempt	bond proceeds				
	5	Royalties					
		(i) F	leal (ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<b>&gt;</b>				
	7 a	Gross amount from sales of (i) Sec					
		assets other than inventory 359,	135.				
	b	Less: cost or other basis					
		and sales expenses 377,	729.				
	С	Gain or (loss) -18,	594.				
	d	Net gain or (loss)	<b>.</b>	-18,594.			-18,594.
nue		Gross income from fundraising events including \$ 104,177.					
Other Reven		contributions reported on line 1c). See					
Ř		Part IV, line 18	а 0.				
tþ	b	Less: direct expenses					
Ò		Net income or (loss) from fundraising e	•	-5,001.			-5,001.
		Gross income from gaming activities. S					
		Part IV, line 19	a				
	b	Less: direct expenses					
	С	Net income or (loss) from gaming activ	ities				
	10 a	Gross sales of inventory, less returns					
		and allowances	a				
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inver	ntory				
Į		Miscellaneous Revenue	Business Code				
	11 a						
	b						
	С						
		All other revenue					
	е	Total. Add lines 11a-11d				_	
	12	Total revenue. See instructions		1,842,535.	0.	0.	57,930.

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		•	nplete column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	343,741.	343,741.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,100.	3,100.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	72,534.	23,936.	23,936.	24,662.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	127,211.	41,979.	41,980.	43,252.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,686.	2,207. 9,199.	2,206. 9,198.	2,273. 9,477. 5,102.
9	Other employee benefits	27,874.	9,199.	9,198.	9,477.
10	Payroll taxes	15,007.	4,953.	4,952.	5,102.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,503.	7,503.		
g					
	column (A) amount, list line 11g expenses on Sch O.)	50,087.	20,034.	10,018.	20,035.
12	Advertising and promotion	9,345.			9,345.
13	Office expenses	19,615.	6,472.	6,669.	6,474.
14	Information technology	4,796.	1,582.	1,631.	1,583.
15	Royalties				
16	Occupancy	6,101.	1,525.	3,050.	1,526.
17	Travel	28,607.	9,440.	9,441.	9,726.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,174.	7,646.	7,648.	7,880.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,170.	1,046.	1,078.	1,046.
23	Insurance	3,962.		3,962.	
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 0.)				
а	PROGRAM EXPENSES	212,944.	212,944.		
b	MISCELLANEOUS	4,122.	1,359.	1,402.	1,361.
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	969,579.	698,666.	127,171.	143,742.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (2010)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 216,046. 700,093. 1 Cash - non-interest-bearing 92,561. 229,080. Savings and temporary cash investments 2 44,933. 50,081. Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other 343,993. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 42,504. 4,119. 301,489. b Less: accumulated depreciation \_\_\_\_\_\_\_10b 10c 2,339,139. 2,629,680. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 3,446,691. 3,335,695. 15 Other assets. See Part IV, line 11 15 6,148,637. 7,240,970. **Total assets.** Add lines 1 through 15 (must equal line 34) 16 16 4,312. 17 13,747. 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 12,079. 35,907. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 16,391. 49,654. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 33,347. 27 445,073. 27 Unrestricted net assets 4,104,817. 4,407,667. 28 28 Temporarily restricted net assets 2,338,576. 1,994,082. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 6,132,246. 7,191,316. Total net assets or fund balances 33 33 7,240,970. 6,148,637. Total liabilities and net assets/fund balances

Form **990** (2016)

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

Form **990** (2016)

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#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

<u>Total</u>

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

2016
Open to Public

Name of the organization

Empl

m990. Inspection
Employer identification number

				APPALACHIAN			INC	6	1-132939	6			
Par	rt I	Reason for Public (	Charity Status 🖟	All organizations must co	mplete th	is part.) Se	e instructions						
The c	organ	ization is not a private found											
1	Ŭ.	A church, convention of ch	·	<del>-</del>		•	)(A)(i).						
2		A school described in <b>sect</b> i					. ///(-)-						
3		A hospital or a cooperative		•			:\						
4	$\equiv$						-	(:::) Entor	the beenitel's n	omo			
4		A medical research organization	ation operated in cor	ijunction with a nospital	described	III Sectio	n 170(b)(1)(A)	(III). Enter	the nospital s na	arrie,			
		city, and state:											
5		An organization operated for		lege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental ı	unit or from th	e general <sub>ا</sub>	oublic described	l in			
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Part	t II.)								
9		An agricultural research org				ed in coniu	inction with a	land-grant	college				
•		or university or a non-land-g				-		-	-				
		·	grant college or agrici	ulture (see instructions).	Linter tine i	name, city,	, and state or	ine conege	: 01				
40		university:						. ,					
10		An organization that norma											
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	i 33 1/3% of its	s support 1	rom gross inves	tment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 19	75.			
		See section 509(a)(2). (Con	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to car	ry out the	purposes of one	or			
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 5</b>	i09(a)(3). (	Check the box in	1			
		lines 12a through 12d that	•										
а		Type I. A supporting orga	* *					-	nivina				
u		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_							
		• • • •			majority C	n the direc	tors or trustee	:S 01 111 <del>0</del> St	ipporting				
		organization. You must o						, , , ,					
b			· ·				-		-				
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	je the supp	oorted				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	d with,				
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its support	ted organiz	zation(s)				
		that is not functionally int						-	* *				
		requirement (see instructi	-	* *	•		-						
_		Check this box if the orga	•	-				I Type III					
е							Type I, Type I	i, Type iii					
		functionally integrated, or		nally integrated supporting	ng organiz	ation.							
		er the number of supported o	•										
g		vide the following information  i) Name of supported	about the supported	d organization(s).  (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monotoni	(vi) Amount of	othor			
	,	organization	(11) E114	(described on lines 1-10	in your governi	ng document?	support (see in	•	support (see insti				
		organization		above (see instructions))	Yes	No	support (see iii	Structions)	support (see insti	uctions			

# Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION FOR APPALACHIAN KENTUCKY, INC 61-1329396 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4512689.	553,963.	555,286.	827,585.	1784605.	8234128.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4512689.	553,963.	555,286.	827,585.	1784605.	8234128.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						5124119.
	Public support. Subtract line 5 from line 4.						3110009.
	ction B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	4512689.	553,963.	555,286.	827,585.	1784605.	8234128.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	38,442.	63,449.	72,957.	78,036.	81,525.	334,409.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						0560505
11							8568537.
12	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	-			-		. $\Box$
80	organization, check this box and storection C. Computation of Publi	o here Der	centage				<b>P</b>
	<u> </u>			- L (f))		44	36.30 %
	Public support percentage for 2016 (li					15	
15	Public support percentage from 2015 33 1/3% support test - 2016. If the control of the control o						
102	stop here. The organization qualifies						
	33 1/3% support test - 2015. If the o		•			or more, check thi	
~	and <b>stop here.</b> The organization qual						
17:	10% -facts-and-circumstances test						
170	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	•	-	
r	10% -facts-and-circumstances test						
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•		•		•
18	Private foundation. If the organization			•			

# Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION FOR APPALACHIAN KENTUCKY, INC 61-1329396 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Sur	port	ow, piedoc comp	nete i art ii.j				
Calendar year (or fiscal year b	eginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contribut membership fees receinclude any "unusual g	ions, and ved. (Do not	• •	, ,				
2 Gross receipts from ac merchandise sold or so formed, or facilities fur any activity that is rela organization's tax-exer	ervices per- nished in ted to the						
3 Gross receipts from ac are not an unrelated trainess under section 51	ade or bus-						
4 Tax revenues levied fo ization's benefit and ei or expended on its ber	ther paid to						
5 The value of services of furnished by a government the organization without	or facilities nental unit to						
6 Total. Add lines 1 thro	ugh 5						
<b>7a</b> Amounts included on I 3 received from disqua	′′′						
<b>b</b> Amounts included on lines 2 a from other than disqualified pe exceed the greater of \$5,000 o amount on line 13 for the year	rsons that r 1% of the						
c Add lines 7a and 7b							
8 Public support. (Subtract Section B. Total Supp	line 7c from line 6.)						
Calendar year (or fiscal year b	T	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
• • • • • •	· · · / F	(a) 2012	(b) 2013	(6) 2014	(u) 2013	(e) 2010	(i) Total
10a Gross income from interdividends, payments resecurities loans, rents, and income from similar	eceived on royalties						
<b>b</b> Unrelated business taxab							
(less section 511 taxes) for acquired after June 30, 19							
c Add lines 10a and 10b							
11 Net income from unrel activities not included whether or not the bus regularly carried on	ated business in line 10b,						
Other income. Do not in or loss from the sale of assets (Explain in Part	capital						
13 Total support. (Add lines 9,	10c, 11, and 12.)						
14 First five years. If the	Form 990 is for t	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and sto							<b>&gt;</b>
Section C. Computat							
15 Public support percent	tage for 2016 (lin	e 8, column (f) di	vided by line 13, c	olumn (f))		15	%
16 Public support percent			•			16	%
Section D. Computat	ion of Invest	ment Income	Percentage				
17 Investment income per	centage for 201	6 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income per	centage from 20	<b>015</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests						33 1/3%, and line 1	7 is not
more than 33 1/3%, ch	eck this box and	stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	<b>&gt;</b> □
b 33 1/3% support tests line 18 is not more tha		ū				ore than 33 1/3%, a	and
20 Private foundation. If			· ·	•		-	

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 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 12a or 12b 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.
- 5a 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** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- 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.)

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Part IV   Supporting Organizations continued		dule A (Form 990 or 990-EZ) 2016 FOUNDATION FOR APPALACHIAN KENTUCKY, INC 61-13	2939	6 Pa	age <b>5</b>
11. Has the organization accepted a gift or contribution from any of the following persons?  2. A person who directly or indirectly controls, either a claim or together with persons described in (b) and (c) below, the governing body of a supported organization?  2. A 35% controlled with of a person described in (a) or (b) above?  2. A 35% controlled with of a person described in (a) or (b) above?  3. The direct of the directors, fursives, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of interests at all times during the tax year? If 'No,' describe in Part VI how the supported organizations fave the power to regularly appoint or elect at least a majority of the organizations of more than one supported organization, describe how the powers to appoint and/or nemove directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization of powers during the tax year.  2. Did the organization operate for the benefit of any supported organization of the than the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year.  3. Did the organization operate for the benefit of any supported organization of the than the supported organization such as a supported organization of the than the supported organization such as a supported organization of the than the supported organization such as a supported organization of the than the supported organization such as a support of the directors or trustees of each of the organization such as a supported organization of the supported organization such as a support organization such as a supported organization or the regardization such as a supported organization or su	Pa	rt IV   Supporting Organizations (continued)			
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activities but for the organization's involvement.  2b  Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 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		, ,			
<ul> <li>3 Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>			Oh		
<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>	2	· · · · · · · · · · · · · · · · · · ·	ZU		
trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a		32		
	h		Ju		
	_ ~		3b		

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION FOR APPALACHIAN KENTUCKY, INC 61-1329396 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 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 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION FOR APPALACHIAN KENTUCKY, INC 61-1329396 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions 7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Amount for 2016 Section E - Distribution Allocations (see instructions) Pre-2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: а b c From 2013 **d** From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: **a** Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2017. Add lines 3j and 4c 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2016

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 FOUNDATION FOR APPALACHIAN KENTUCKY, INC 61-1329396 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

**Employer identification number** 

FOUNDATION FOR APPALACHIAN KENTUCKY, INC

61-1329396

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Organization type (check one):							
Filers of	:	Section:					
Form 990 or 990-EZ		$\boxed{\textbf{X}}$ 501(c)( $\textbf{3}$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 990	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it mu	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

## FOUNDATION FOR APPALACHIAN KENTUCKY, INC

61-1329396

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$103,333.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 500,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

## FOUNDATION FOR APPALACHIAN KENTUCKY, INC

61-1329396

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 72,225.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$ 50,050.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$83,333.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## FOUNDATION FOR APPALACHIAN KENTUCKY, INC

61-1329396

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

FION FOR APPALACHIAN KE Exclusively religious, charitable, etc., contri	butions to organizations described i	61-1329396 in section 501(c)(7), (8), or (10) that total more than \$1,000 f				
the year from any one contributor. Complete co	olumns (a) through (e) and the follow	OWING line entry. For organizations				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
,	(e) Transfer of gift	ft				
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift	sfer of gift				
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Transferee's name address an	(e) Transfer of gift	sfer of gift  Relationship of transferor to transferee				
Transition of training, dual coo, uni		Trouble to the district of the district of				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gif	sfer of gift				
Transferee's name, address, an		Relationship of transferor to transferee				
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift	(e) Transfer of gi  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gi  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gi  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (d) Use of gift				

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION FOR APPALACHIAN KENTUCKY, INC

**Employer identification number** 61-1329396

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	6	
2	Aggregate value of contributions to (during year)	824,748.	
3	Aggregate value of grants from (during year)	570,065.	
4	Aggregate value at end of year	619,972.	
5	Did the organization inform all donors and donor advisors in wi	-	
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be u	sed only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	
ь.			
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а			
b	• • • • • • • • • • • • • • • • • • • •		
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired aff		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the c	organization during the tax
	year >	on and the Laurehard N	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		Yes No
6	violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, ha		
6	Starr and volunteer riours devoted to monitoring, inspecting, na	andling of violations, and emorcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conservation	on accoments during the year
7	S  Amount of expenses incurred in monitoring, inspecting, framulii	rig of violations, and emorcing conservation	on easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170/h)	(//\/P\/i\
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
Ū	include, if applicable, the text of the footnote to the organization	·	
	conservation easements.	on a mandar statements that describes th	o organization a accounting for
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	bition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		, , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:	•	-
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 116		-
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		_

	dule D (Form 990) 2016 FOUNDAT:  † III Organizations Maintaining Co	ON FOR APP					61-13			age 2
	•							_		
3	Using the organization's acquisition, accession	n, and other records	, cneck any of the	tollowing that	are a si	gnificant (	use of its c	ollection	items	
	(check all that apply):			-1						
a	Public exhibition	a	=	change progra						
b	Scholarly research	е	Other							
C	Preservation for future generations		la a Ala a 6 Ala a A				in Deat	N/III		
4	Provide a description of the organization's co						ise in Part	XIII.		
5	During the year, did the organization solicit or		•	•				7 ٧		٦ ٨ ٦
Par	to be sold to raise funds rather than to be ma							_ Yes		No
ı uı	reported an amount on Form 990, Par		te ii trie organizati	on answered	res on	i Foiiii 990	J, Fait IV,	ii le 9, oi		
10	Is the organization an agent, trustee, custodia		any for contribution	e or other sea	cots not	included				
Ia	on Form 990, Part X?							Yes	X	No
h	If "Yes," explain the arrangement in Part XIII a							_ 1es		_ INO
b	ii res, explain the arrangement iiii art Alli a	and complete the long	Jwing table.					Amoun	+	
С	Beginning balance					1c		Amoun		
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo						X	Yes		No
	If "Yes," explain the arrangement in Part XIII.		•					00	X	_
Par						10.				
	<u> </u>	(a) Current year	(b) Prior year	(c) Two yea			years back	(e) Fou	r vears	back
1a	Beginning of year balance	6,108,899.	6,053,033		6,542.		21,705.			
	Contributions	1,285,470.	716,441		1,575.	4	121,188.		,387,	
	Net investment earnings, gains, and losses	178,169.	-25,942	. 9!	5,960.	2	200,686.			048.
	Grants or scholarships	346,841.	446,246	. 36	5,397.	242,052.			347,	153.
	Other expenditures for facilities								-	
	and programs	410,376.	167,740	. 139	9,886.		83,115.		22,	283.
f	Administrative expenses	23,171.	20,647	. 2!	5,761.		21,870.		-	
	End of year balance	6,792,150.	6,108,899	6,05	3,033.	5,8	396,542.	5	,621,	705.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1a. column (a	a)) held as:			-			
	Board designated or quasi-endowment		%	,,						
	Permanent endowment ► 34.43	%	_							
	Temporarily restricted endowment ▶ 65	<u>5.4</u> 2 %								
	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held a	ınd administer	red for th	ne organiz	ation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
	test in the second seco							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		ment funds.							
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a.	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot basis (investm	` '	st or other (other)		ccumulat preciation		( <b>d)</b> Boo	k value	е
1a	Land									
	Buildings		30	00,329.				30	0,32	29.
	Leasehold improvements									
	Equipment				1,1	60.				
е	e Other 28,400. 28,400.									0.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	. column (B). line	10c.)			<b>•</b>	30	1,48	89.

Schedule D Part VII	(Form 990) 2016 Investments - (	FOUNDATION Other Securities.	FOR	APPALA	CHIAN	KENTUCKY	, INC	61-1	329396	Page 3
	Complete if the org	anization answered "Ye	s" on Fo	rm 990, Part IV	, line 11b.	See Form 990, I	Part X, line 12.			
(a) Descrip	otion of security or categ	Ory (including name of security	)	(b) Book value		(c) Method of v	aluation: Cost o	r end-of-	year market v	/alue
1) Financia	al derivatives									
2) Closely	-held equity interests									
3) Other	-									
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
Fotal. (Col. ( Part VIII	b) must equal Form 990 Investments - I	, Part X, col. (B) line 12.) ▶ Program Related.	<b>&gt;</b>							
	Complete if the org	anization answered "Ye	s" on Fo	rm 990, Part IV	, line 11c.	See Form 990, F	Part X, line 13.			
	(a) Description of	investment		(b) Book value		(c) Method of v	aluation: Cost o	r end-of-	year market v	/alue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
Total. (Col. (		, Part X, col. (B) line 13.)	<b>&gt;</b>							
Part IX	Other Assets.									
	Complete if the org	anization answered "Ye			, line 11d.	See Form 990, I	Part X, line 15.			
		<u>`</u>	a) Descr	•					(b) Book va	
(1) IN	TEREST IN	CHARITABLE L	EAD .	ANNUITY	TRUST				3,335	<u>,695.</u>
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)									2 225	<u> </u>
Fotal. (Colu	<u>ımn (b) must equal Fo</u> Other Liabilitie	<u>rm 990, Part X. col. (B) l</u>	ine 15.)					. 🕨	3,335	,695.
PartA				000 5 4 11		446.0 -	000 5 13/ 1	0.5		
_		anization answered "Ye	s" on Fo	rm 990, Part IV			i 990, Part X, lin	ie 25.		
1.	• • • • • • • • • • • • • • • • • • • •	escription of liability			(0)	Book value				
	deral income taxes									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9) <b>Fatal</b> (2) (	4.		:							
rotar. (Colu	ımn (b) must equal Fo	rm 990. Part X. col. (B) I	ine 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 Schedule D (Form 990) 2016

PART X, LINE 2:

THE FOUNDATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND

RECOGNIZE A TAX LIABILITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN

POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION

BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED

THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF

DECEMBER 31, 2016 AND 2015, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR

EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR

DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

AS SUCH, THE FOUNDATION IS GENERALLY EXEMPT FROM INCOME TAXES. HOWEVER,

THE FOUNDATION IS REQUIRED TO FILE FEDERAL FORM 990 RETURN OF ORGANIZATION

EXEMPT FROM INCOME TAX WHICH IS AN INFORMATIONAL RETURN ONLY. THE

FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER,

THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

PART	XI,	LINE	2D	_	OTHER	ADJUSTMENTS:

ADMINISTRATIVE FEES

OTT 3 STOTE	TAT	773 T TTT	$\sim$ $\pi$	ODT TH		3 OD DD3(D3)	0 - 400
CHANGE	IN	VALUE	OF	SPLIT	INTEREST	AGREEMENT	85.489.
<del></del>		_ : : -		~			<del></del>

# PART XI, LINE 4B - OTHER ADJUSTMENTS:

TOTAL TO SCHEDULE D, PART XI, LINE 2D

FUNDRAISING EXPENSE	-5,001.

SFAS 136 ADJUSTMENT 87,858.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 82,857.

22,755.

108,244.

Schedule D (Form 990) 2016 FOUNDATION FOR APPALACHIAN KENTUCKY,  Part XIII   Supplemental Information (continued)	INC 61-1329396 Page 5
Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
ADMINISTRATIVE FEES	22,755.
FUNDRAISING EXPENSE	5,001.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	27,756.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SFAS 136 ADJUSTMENT	64,109.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2076

Open to Public Inspection

Employer identification number

Name of the organization

FOUNDATION FOR APPALACHIAN KENTUCKY, INC 61-1329396

Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	'es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	<u> </u>
(i) Name and address of individual or entity (fundraiser)	Ι (ΙΙΙ ΔΟΤΙΛ/ΙΤΛ/		Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			<b>•</b>			
3 List all states in which the organization or licensing.		ontrib	utions	or has been notified	it is exempt from re	gistration

Schedule G (Form 990 or 990-EZ) 2016 FOUNDATION FOR APPALACHIAN KENTUCKY, INC 61-1329396 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events RUN FOR THE NONE (add col. (a) through HILLS CHARIT col. (c)) (event type) (event type) (total number) 104,177. 104,177. Gross receipts 104,177. 104,177. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 298. 298. 5 Noncash prizes Direct Expenses 6 Rent/facility costs ..... 7 Food and beverages 8 Entertainment 4,703. 4,703 9 Other direct expenses 5,001 **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) -5,001 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ...... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	ledule G (Form 990 or 990-EZ) 2016 FOUNDATION FOR APPALACHIAN KENTUCKY, INC 61-1	L32939	6 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	An outside facility	13b	90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address >		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	S No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
~	organization's own exempt activities during the tax year > \$		
Da	· nel	0 0h :	105 155
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	nes 9, 9b,	100, 150,
	, p.o a, a		

Schedule G	G (Form 990 or 990-EZ)	FOUNDATION	FOR	APPALACHIAN	KENTUCKY,	INC 6	1-1329396	Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Infor	mation (continued)						

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	N FOD ADD	ALACHIAN KE	NITICEV TN	īC	-		Employer identification number $61-1329396$
Part I General Information on Grants a		ALACHIAN KE.	NIUCKI, IN	iC			01-1329390
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro	to substantiate the						
Part II Grants and Other Assistance to I					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$						,	, , , , ,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
APPALACHIAN ARTS ALLIANCE, INC. 420 MAIN STREET HAZARD, KY 41701	46-1391829	501C3	13,215.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGAINZATION
ARH FOUNDATION FOR HEALTHIER COMMUNITIES - 100 AIRPORT GARDENS ROAD - HAZARD, KY 41701	20-4840007	501C3	10,231.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
BUCKHORN PRESBYTERIAN CHURCH 300 BUCKHORN LANE BUCKHORN, KY 41721		501C3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGAINZATION
CHALLENGER LEARNING CENTER ONE COMMUNITY COLLEGE DR. HAZARD, KY 41701	31-1492348	501C3	21,565.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGANIZATION
CHAVIES FIRST CHURCH OF GOD 185 HUNTER DRIVE HAZARD, KY 41701		501C3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGAINZATION
COUNTY LINE COMMUNITY CHURCH 30 PADS BRANCH ROAD HAZARD, KY 41701	20-8732193	501C3	5,000.	0.			TO FURTHER THE EXEMPT PURPOSE OF THE ORGAINZATION
2 Enter total number of section 501(c)(3) as							<b>22.</b>
3 Enter total number of other organizations	s listed in the line	I table					<b>)</b>

Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	rage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAVIDSON BAPTIST CHURCH							TO FURTHER THE EXEMPT
1912 KY HWY 28							PURPOSE OF THE
HAZARD, KY 41701		501C3	10,000.	0.			ORGAINZATION
FRANKLIN ROAD ACADEMY							TO FURTHER THE EXEMPT
4700 FRANKLIN ROAD							PURPOSE OF THE
NASHVILLE, TN 37220	62-1138075	501C3	50,000.	0.			ORGANIZATION
HAZARD INDEPENDENT COLLEGE							TO FURTHER THE EXEMPT
FOUNDATION - PO BOX 1052 - HAZARD,							PURPOSE OF THE
KY 41702	61-0660686	501C3	6,318.	0.			ORGANIZATION
HAZARD PERRY COUNTY COMMUNITY							TO FURTHER THE EXEMPT
MINISTRIES - 151 MISS EDNA LANE -							PURPOSE OF THE
HAZARD, KY 41701	61-0899221	501C3	22,025.	0.			ORGANIZATION
HAZARD ROTARY FOUNDATION							TO FURTHER THE EXEMPT
P.O. BOX 1864							PURPOSE OF THE
HAZARD, KY 41702	46-2342735	501C3	7,751.	0.			ORGANIZATION
HAZARD/PERRY COUNTY CHAMBER OF							TO FURTHER THE EXEMPT
COMMERCE - 601 MAIN STREET -							PURPOSE OF THE
HAZARD, KY 41701		501C3	6,400.	0.			ORGAINZATION
HOUSING DEVELOPMENT ALLIANCE, INC.							TO FURTHER THE EXEMPT
P.O. BOX 7284							PURPOSE OF THE
HAZARD, KY 41702	61-1253346	501C3	61,378.	0.			ORGAINZATION
KENTUCKY RIVER REGIONAL ANIMAL							TO FURTHER THE EXEMPT
SHELTER - P.O. BOX 465 - HAZARD,							PURPOSE OF THE
KY 41702	61-1155329	501C3	6,552.	0.			ORGAINZATION
KY INFANT DEVELOPMENT STATION							TO FURTHER THE EXEMPT
426 MULBERRY ST.							PURPOSE OF THE
HAZARD, KY 41701	61-1317002	501C3	5,246.	0.			ORGANIZATION

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KY RIVER CHILD ADVOCACY CENTER							TO FURTHER THE EXEMPT
465 CEDAR STREET							PURPOSE OF THE
HAZARD, KY 41701	61-1367930	501C3	6,272.	0.			ORGANIZATION
			7,272.				
LKLP COMMUNITY ACTION COUNCIL,							TO FURTHER THE EXEMPT
INC 398 ROY CAMPBELL DRIVE -							PURPOSE OF THE
HAZARD, KY 41701	61-0661299	501C3	5,000.	0.			ORGANIZATION
,			,,,,,,,				
REDBUD FINANCIAL ALTERNATIVES,							TO FURTHER THE EXEMPT
INC 2871 NORTH MAIN STREET -							PURPOSE OF THE
HAZARD, KY 41701	47-2214397	501C3	10,000.	0.			ORGAINZATION
			1				
ROCK BOTTOM BAPTIST CHURCH							TO FURTHER THE EXEMPT
3867 STATE HWY 2022							PURPOSE OF THE
BUCKHORN, KY 41721		501C3	5,000.	0.			ORGAINZATION
•			1				
ST. PAUL'S CHURCH							TO FURTHER THE EXEMPT
P.O. BOX 189							PURPOSE OF THE
MCKEE, KY 40447	61-1132894	501C3	7,000.	0.			ORGAINZATION
•			,				
USO							TO FURTHER THE EXEMPT
P.O. BOX 96860							PURPOSE OF THE
WASHINGTON, DC 20090	13-1610451	501C3	12,000.	0.			ORGANIZATION
WOUNDED WARRIOR PROJECT							TO FURTHER THE EXEMPT
P.O. BOX 75817							PURPOSE OF THE
TOPEKA, KS 66675	20-2370934	501C3	30,000.	0.			ORGANIZATION
·							

Schedule I (Form 990) (2016) FOUNDATION FOR	APPALACH	IAN KENTUC	KY, INC		61-1329396	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.  (a) Type of grant or assistance  (b) Number of (c) Amount of (d) Amount of non-						
	quired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
GRANTS THAT ARE PAID OUT ARE PAID	THROUGH I	PASS-THROUG	H FUNDS.	ALL		
DOCUMENTATION IS KEPT ON FILE REGA	RDING ANY	GRANTS PA	AID.			

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>. Inspection

OMB No. 1545-0047

Name of the organization

FOUNDATION FOR APPALACHIAN KENTUCKY, INC **Employer identification number** 61-1329396

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REINVEST MONEY AND PROPERTY OF ALL KINDS RECEIVED BY GIFT, DEVISE,
PAYMENTS, BEQUEST, OR APPOINTMENT, IN TRUST OR OTHERWISE, FOR
CHARITABLE PURPOSES, PRIMARILY IN, OR FOR THE BENEFIT OF, THE PEOPLE OF
SOUTHEASTERN KENTUCKY, INCLUDING FOR SUCH PURPOSES AS -
A. TO ASSIST COMMUNITIES AND ORGANIZATIONS IN PROVIDING INNOVATIVE,
HIGH-QUALITY PROGRAMS AND SERVICES TO THE RESIDENTS OF SOUTHEASTERN
KENTUCKY.
B. TO ADMINISTER FOR CHARITABLE PURPOSES PROPERTY DONATED TO THE
CORPORATION;
C. TO DISTRIBUTE MONEY FOR SUCH PURPOSES IN ACCORDANCE WITH THE TERMS
OF GIFTS, BEQUESTS, OR DEVISES TO THE CORPORATION NOT INCONSISTENT WITH
ITS PURPOSES, AS SET FORTH IN THESE ARTICLES OF INCORPORATION, OR IN
ACCORDANCE WITH DETERMINATIONS MADE BY THE BOARD OF DIRECTORS PURSUANT
TO THESE ARTICLES OF INCORPORATION; AND
D. TO DISTRIBUTE PROPERTY TO QUALIFIED CHARITABLE ORGANIZATIONS FOR
CHARITABLE PURPOSES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
*HAD OVER \$3.2 MILLION ASSETS UNDER MANAGEMENT IN OVER 90 FUNDS WITH
MORE THAN 2,300 DONORS, AND A MAILING LIST OF OVER 3,000 PEOPLE;

Name of the organization **Employer identification number** FOUNDATION FOR APPALACHIAN KENTUCKY, INC 61-1329396 \*PROVIDED FISCAL AND ADMINISTRATIVE SPONSORSHIPS FOR OVER 10 ORGANIZATIONS; AND \*PROVIDED LEADERSHIP AND SUPPORT TO THE APPALACHIA FUNDERS NETWORK, A COLLABORATIVE OF 80+ PUBLIC AND PRIVATE FUNDERS WORKING TOGETHER TO BUILD COMMUNITY CAPACITY AND PROMOTE AN EQUITABLE ECONOMIC TRANSITION INTO NEW AND EMERGING SECTORS AS THE COAL INDUSTRY CONTINUES TO DECLINE. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE 990 IS REVIEWED AND APPROVED BY THE BOARD PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ALL ACTIVITIES ARE REVIEWED AND BROUGHT BEFORE THE BOARD FOR APPROVAL AND DISAPPROVAL. ANY ACTIVITY THOUGHT TO BE A POSSIBLE CONFLICT IS OR WILL BE BROUGHT TO THE ATTENTION OF THE FOUNDATION LEGAL COUNSEL. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD SETS THE SALARY AND WAGES FOR ALL EMPLOYEES. SUCH ITEMS ARE DISCUSSED AND VOTED ON AT THE REGULARLY MONTHLY MEETINGS. FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY ARE ALL AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 85,489. SFAS 136 ADJUSTMENT -23,828.