

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

<b>A</b> For the <b>2022</b> calendar year, or tax year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FOUNDATION FOR APPALACHIAN KENTUCKY INC</b>
	Doing business as
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>420 Main Street</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Hazard, KY 41701</b>
<b>D</b> Employer identification number <b>61-1329396</b>	<b>E</b> Telephone number <b>606-439-1357</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G</b> Gross receipts \$ <b>20,144,039</b>
<b>J</b> Website: <b>www.AppalachianKY.org</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>H(c)</b> Group exemption number
<b>L</b> Year of formation: <b>2002</b>	<b>M</b> State of legal domicile: <b>KY</b>
<b>F</b> Name and address of principal officer: <b>Gerry Roll</b> <b>420 Main Street, Hazard, KY 41701</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>The primary purpose of the organization is to receive, hold, handle, administer, invest, and reinvest money and property of all kinds received by gift, devise, payments, (Continued on Schedule O, Statement 1)</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>33</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>150</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 12,098,859	<b>Current Year</b> 20,767,034
	<b>9</b> Program service revenue (Part VIII, line 2g)	0	0
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	491,797	287,460
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	370,308	-910,455
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,960,964	20,144,039
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,175,253	10,927,359
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	756,793	1,070,881
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	533,230	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,472,195	1,845,098
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,404,241	13,843,338
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	7,556,723	6,300,701	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 23,302,099	<b>End of Year</b> 29,222,874
	<b>21</b> Total liabilities (Part X, line 26)	1,910,583	2,870,527
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	21,391,516	26,352,347

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>Gerry Roll, Executive Director</b>	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Gregory Caudill</b>	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00618257</b>
	Firm's name <b>Caudill &amp; Associates CPA PLLC</b>	Firm's EIN <b>47-2880658</b>		Phone no. <b>606-547-2543</b>	
	Firm's address <b>3644 Gladman Way, Lexington, KY 40503</b>				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

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 prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 12,593,415 including grants of \$ 10,927,359) (Revenue \$ 19,856,579)

During the past year, the Foundation: (1) 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; (2) met national standards for US community foundations as set forth by the Community Foundations National Standards Board at the National Council on Foundations; (3) provided fiscal and administrative sponsorships for numerous organizations; and (4) provided leadership and support to the Appalachia Funders Network, a collaborative of 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.

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

**4e** Total program service expenses 12,593,415

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
<b>23</b>	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? <i>If "Yes," complete Schedule J</i>	23	✓
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
<b>c</b>	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	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	54
<b>b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No
<b>2a</b>	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	<b>2a</b>	<b>33</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>	

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . 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 on Schedule O.		
	<b>1a</b> 11		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 11		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>		<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		<input checked="" type="checkbox"/>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization . . . . .		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		
<b>16b</b>			

**Section 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

The Organization, (606)439-1357  
 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Gerry Roll	40.00									
Executive Director	1.00			✓			89,172	0	24,464	
Joel Brashear	7.00									
Chair	0.00	✓		✓			0	0	0	
Kathy Atkins	1.00									
Vice Chair	0.00	✓		✓			0	0	0	
Cory Chesnut	1.00									
Treasurer	1.00	✓		✓			0	0	0	
Alison F Davis	1.00									
Secretary	0.00	✓		✓			0	0	0	
Keith Gabbard	1.00									
Director	0.00	✓					0	0	0	
Janet Smith	1.00									
Director	0.00	✓					0	0	0	
Dr Maria Braman	1.00									
Director	0.00	✓					0	0	0	
Josh Howard	1.00									
Director	0.00	✓					0	0	0	
Haley McCoy	1.00									
Director	0.00	✓					0	0	0	
Crissy Fiscus	1.00									
Director	0.00	✓					0	0	0	
Danny Maggard	1.00									
Director	0.00	✓					0	0	0	





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 505,978				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 20,261,056				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 0				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		20,767,034			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>		-----					
<b>b</b>		-----					
<b>c</b>		-----					
<b>d</b>		-----					
<b>e</b>		-----					
<b>f</b>		All other program service revenue . .					
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		287,460	0	0	287,460
	<b>4</b>	Income from investment of tax-exempt bond proceeds		0	0	0	0
	<b>5</b>	Royalties . . . . .		0	0	0	0
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			<b>6a</b>				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	0	0		
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			<b>7a</b>				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	0	0		
	<b>d</b>	Net gain or (loss) . . . . .					
	<b>8a</b>	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .					
<b>9a</b>							
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
		<b>10a</b>					
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	Administrative fees	561000	203,249	203,249	0	0
	<b>b</b>	Miscellaneous	561000	145,656	145,656	0	0
	<b>c</b>	Realized loss on investments	561000	-1,259,360	0	0	-1,259,360
	<b>d</b>	All other revenue . . . . .		0	0	0	0
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		-910,455				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		20,144,039	348,905	0	-971,900	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	6,620,777	6,620,777		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	4,306,582	4,306,582		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	113,636	0	56,818	56,818
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	729,144	475,777	181,468	71,899
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .	156,711	105,337	37,816	13,558
<b>10</b>	Payroll taxes . . . . .	71,390	41,507	19,721	10,162
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .				
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	84,138	84,138	0	0
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	470,276	352,707	117,569	0
<b>12</b>	Advertising and promotion . . . . .	144,639	0	0	144,639
<b>13</b>	Office expenses . . . . .	273,063	90,111	92,841	90,111
<b>14</b>	Information technology . . . . .	34,678	11,444	11,790	11,444
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	177,761	51,546	80,174	46,041
<b>17</b>	Travel . . . . .	117,628	38,817	38,817	39,994
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	102,728	33,900	33,900	34,928
<b>20</b>	Interest . . . . .	20,688	6,827	7,034	6,827
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	15,839	5,227	5,385	5,227
<b>23</b>	Insurance . . . . .	29,894	0	29,894	0
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b>	<u>Program expenses</u> . . . . .	326,850	326,850	0	0
<b>b</b>	<u>Bank service charges</u> . . . . .	40,284	40,284	0	0
<b>c</b>	<u>Miscellaneous</u> . . . . .	4,799	1,584	1,633	1,582
<b>d</b>	<u>Licenses and fees</u> . . . . .	1,833	0	1,833	0
<b>e</b>	All other expenses . . . . .				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	13,843,338	12,593,415	716,693	533,230
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,153,206	<b>1</b>	3,217,717
	<b>2</b> Savings and temporary cash investments . . . . .	1,502,169	<b>2</b>	5,315,218
	<b>3</b> Pledges and grants receivable, net . . . . .	1,046,206	<b>3</b>	1,750,937
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	975,105	<b>7</b>	1,073,434
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	463,931		
	<b>b</b> Less: accumulated depreciation . . . . .	99,638	<b>10c</b>	364,293
	<b>11</b> Investments—publicly traded securities . . . . .	15,314,297	<b>11</b>	14,691,059
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,944,013	<b>15</b>	2,810,216
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	23,302,099	<b>16</b>	29,222,874	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	207,389	<b>17</b>	204,747
	<b>18</b> Grants payable . . . . .	417,834	<b>18</b>	436,867
	<b>19</b> Deferred revenue . . . . .	75,000	<b>19</b>	75,000
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	1,047,542	<b>21</b>	1,913,622
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	162,818	<b>23</b>	240,291
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,910,583	<b>26</b>	2,870,527
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	8,297,694	<b>27</b>	1,781,696
	<b>28</b> Net assets with donor restrictions . . . . .	13,093,822	<b>28</b>	24,570,651
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	21,391,516	<b>32</b>	26,352,347
<b>33</b> Total liabilities and net assets/fund balances . . . . .	23,302,099	<b>33</b>	29,222,874	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	20,144,039
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,843,338
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	6,300,701
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	21,391,516
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,190,052
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	-149,818
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	26,352,347

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
<b>b</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 on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization <b>FOUNDATION FOR APPALACHIAN KENTUCKY INC</b>	Employer identification number <b>61-1329396</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	2,217,976	6,985,166	4,225,047	12,098,859	20,767,034	46,294,082
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	2,217,976	6,985,166	4,225,047	12,098,859	20,767,034	46,294,082
<b>5</b> 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) . . . . .						12,336,248
<b>6 Public support.</b> Subtract line 5 from line 4						33,957,834

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	2,217,976	6,985,166	4,225,047	12,098,859	20,767,034	46,294,082
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	106,703	128,784	169,899	194,352	287,460	887,198
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						47,181,280
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	348,905
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	71.97 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	51.95 %
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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 Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2022.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2021.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  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>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> <b>From 2017</b> . . . . .			
<b>b</b> <b>From 2018</b> . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> <b>Excess from 2018</b> . . . . .			
<b>b</b> Excess from 2019 . . . . .			
<b>c</b> Excess from 2020 . . . . .			
<b>d</b> Excess from 2021 . . . . .			
<b>e</b> Excess from 2022 . . . . .			



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: FOUNDATION FOR APPALACHIAN KENTUCKY INC; Employer identification number: 61-1329396

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Questions 1a-2 regarding art and historical treasures, including dollar amount fields for revenue and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	11,110,074	5,060,671	4,298,428	3,264,314	8,954,170
<b>b</b> Contributions	1,074,850	5,262,956	416,786	620,986	445,232
<b>c</b> Net investment earnings, gains, and losses	-1,802,715	1,116,309	665,374	697,010	-5,856,100
<b>d</b> Grants or scholarships	691,883	214,423	258,010	242,001	229,582
<b>e</b> Other expenditures for facilities and programs	157,461	98,864	47,607	14,606	0
<b>f</b> Administrative expenses	1,625	16,575	14,300	27,275	49,406
<b>g</b> End of year balance	9,531,240	11,110,074	5,060,671	4,298,428	3,264,314

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 0 %
- b** Permanent endowment 100 %
- c** Term endowment 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	0	0	0
<b>b</b> Buildings	0	395,156	48,528	346,628
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	67,348	50,108	17,240
<b>e</b> Other	0	1,427	1,002	425
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				364,293

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Interest in Charitable Lead Annuity Trust	2,307,828
(2) Interest in Charitable Remainder Trust	502,388
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	2,810,216

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 5).

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part IV, Line 2b - Custodial funds represents funds placed on deposit with the organization by other 501(c)(3) organizations based on their individual board resolutions. The organization accounts for these transfers as a liability in accordance with Statement of Financial Accounting Standards No. 136. Income is added to these funds periodically in accordance with the organization's investment allocation policies.

Schedule D, Part V, Line 4 - To support charitable purposes in Appalachian Kentucky



**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**FOUNDATION FOR APPALACHIAN KENTUCKY INC**

Employer identification number

**61-1329396**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> <u>Sch I, Stmt 1</u>							
<b>(2)</b>							
<b>(3)</b>							
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							
<b>(8)</b>							
<b>(9)</b>							
<b>(10)</b>							
<b>(11)</b>							
<b>(12)</b>							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 147

**3** Enter total number of other organizations listed in the line 1 table 0



## Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
<b>Name and address</b>	Heritage Kitchen LLC 260 Main Street Whitesburg, KY 41858	47-4636568	5,200	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Benetta Gibson 1073 Jake Risner Fork Royalton, KY 41465	00-0000000	5,500	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Mountain Heritage Festival Inc PO Box 392 Whitesburg, KY 41858	61-1562329	5,500	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Caudill Corn 80 Whitco Loop Whitesburg, KY 41858	00-0000000	6,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Charlotte Mae Photography 3065 Hwy 805 Neon, KY 41840	00-0000000	6,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Perry County Central High School 305 Park Avenue Hazard, KY 41701	00-0000000	6,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Roll N Smoke BBQ PO Box 1624 Hazard, KY 41702	86-2038695	6,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Jenn Hesh 516 Virginia Avenue NE Norton, VA 24273	00-0000000	6,250	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Pathfinders of Perry County PO Box 1986 Hazard, KY 41702	20-8241987	6,500	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Rudy's Bakery 465 Main Street Hazard, KY 41701	46-2074791	6,500	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Clinton County High School 65 High School Drive Albany, KY 42602	61-6001236	6,888	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Bluegrass Solar Group LLC 304 Main Street Whitesburg, KY 41858	81-3341916	7,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Busy Bee's Flowers Inc 82 Railroad Street 919 HWY 317 Neon, KY 41840	04-3631428	7,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Hindman Pig in a Poke LLC 1622 Route 160 S Hindman, KY 41822	82-3097273	7,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			

## Schedule I, Part IV, Statement 1

## FOUNDATION FOR APPALACHIAN KENTUCKY INC

<b>Name and address</b>	Horn Mountain Development DBA Codys Corner & Kristens Cafe 18543 Kentucky Highway 28 Buckhorn, KY 41721	56-2674682	7,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	James Croucher Croucher Farm No 183 440 Highway 7 South Jeremiah, KY 41826	61-1114907	7,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Hazard High School 157 Bulldog Lane Hazard, KY 41701	00-0000000	7,200	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Collins Auto Sales 10863 Highway 15 Jeremiah, KY 41826	27-4217455	7,500	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Dark Horse Art LLC 478 Franklin Branch Ermine, KY 41815	87-1233287	7,500	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Graham Memorial Presbyterian Church of Whitesburg KY 18 Broadway Street Whitesburg, KY 41858	61-1042004	7,500	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Johnsons Custom Meats 86 Johnson Branch Road Booneville, KY 41314	38-3763105	7,500	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Judy Sumpter Rental 11890 Highway 160 Whitesburg, KY 41858	00-0000000	7,500	0

## Schedule I, Part IV, Statement 1

## FOUNDATION FOR APPALACHIAN KENTUCKY INC

IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To further the exempt purpose of the organization			
Name and address	Shear Happiness On Main 901 North Main Street Hazard, KY 41701	86-2364233	7,500	0
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To further the exempt purpose of the organization			
Name and address	Stacy Plumbing PO Box 2 Lost Creek, KY 41348	87-4161742	7,500	0
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To further the exempt purpose of the organization			
Name and address	WWW LLC 182 Texas Avenue Whitesburg, KY 41858	38-4066597	7,500	0
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To further the exempt purpose of the organization			
Name and address	East Perry Elementary School 301 Perry Circle Road Hazard, KY 41701	00-0000000	7,750	0
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To further the exempt purpose of the organization			
Name and address	Haywood Arts 290 Main Street Whitesburg, KY 41858	00-0000000	8,000	0
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To further the exempt purpose of the organization			
Name and address	Route 7 Fitness 585 C Hill Road Cornettsville, KY 41731	82-3368377	8,000	0
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To further the exempt purpose of the organization			
Name and address	Vintage Rose Fabric & Gifts 12976 HWY 805 Jenkins, KY 41537	00-0000000	8,000	0
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	To further the exempt purpose of the organization			

<b>Name and address</b>	Myra Christian Academy First Baptist Church of Myra 7411 State Highway 610 W Dorton, KY 41537	00-0000000	8,750	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	JJJ Holdings LLC dba The Butchers Pub PO Box 206 Pineville, KY 40977	83-0777012	9,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Knott County Central High School 76 Patriot Lane Hindman, KY 41822	00-0000000	9,500	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Kentucky School of Bluegrass and Traditional Music Hazard Community Technical College PO Box 1879 Hyden, KY 41749	00-0000000	9,817	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	FS Vanhooose & Co Inc PO Box 425 Prestonsburg, KY 41653	00-0000000	9,834	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Hazard Rotary Club Foundation Inc PO Box 1864 Hazard, KY 41702	46-2342735	9,899	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Hindman Settlement School PO Box 844 Hindman, KY 41822	61-0447248	9,899	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Leslie County Public Library Foundation Inc	46-5519255	9,899	0

## Schedule I, Part IV, Statement 1

## FOUNDATION FOR APPALACHIAN KENTUCKY INC

	PO Box 498 Hyden, KY 41749			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Whitesburg Rotary Foundation Inc PO Box 406 Whitesburg, KY 41858	45-5371383	9,899	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	1 East Kentucky Corporation 513 Third Street Bldg A Suite 100 Paintsville, KY 41240	47-4557366	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	606 Holdings LLC 70 Morton Boulevard Hazard, KY 41701	86-2195799	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Adams Plumbing & Heating 729 Beaverdam Road Whitesburg, KY 41858	35-2268549	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Appalachian Propane Inc 758 Highway 160 South Hindman, KY 41822	81-0725445	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Appalachia's Daughter 481 Diamond Road Leburn, KY 41831	00-0000000	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Aspire Appalachia PO Box 1255 Jackson, KY 41339	84-4515260	10,000	0
<b>IRC code section</b>	501C3			



## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Atomic Raid Arcade 345 Main Street Whitesburg, KY 41858	84-1948476	10,000	0
<b>IRC code section</b>	501C3			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Baker Direct Medical Care 37 State HWY 343 PO Box 517 Fleming Neon, KY 41840	47-1334254	10,000	0
<b>IRC code section</b>	501C3			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Boom Beans 210 Eagle Drive Nicholasville, KY 40356	86-3814222	10,000	0
<b>IRC code section</b>	501C3			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Campbell's Grocery 313 Front Street Garrett, KY 41630	61-0412313	10,000	0
<b>IRC code section</b>	501C3			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Campbell's This & That 345 Broadway Jackson, KY 41339	00-0000000	10,000	0
<b>IRC code section</b>	501C3			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Clayhole Grocery 3757 Hwy 476 Clayhole, KY 41317	61-0716534	10,000	0
<b>IRC code section</b>	501C3			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Combs' Apartments PO Box 905 Bulan, KY 41722	00-0000000	10,000	0
<b>IRC code section</b>	501C3			

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Community Agricultural and Nutritional Enterprises Inc CANE 38 College Drive Whitesburg, KY 41858	81-1583005	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Cut-Away Barber and Beauty Shop 347 East Main Street Whitesburg, KY 41858	00-0000000	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Davidson Baptist Church 1912 KY Hwy 28 Hazard, KY 41701	00-0000000	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Eastern Kentucky Concentrated Employment Program (EKCEP) 412 Roy Campbell Drive Suite 100 Hazard, KY 41701	61-0674045	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Garrett Auto Supplies LLC 38 Annies Lane Martin, KY 41649	86-1696330	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Gilley Enterprises 4145 HWY 7 S Jeremiah, KY 41826	81-3404894	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Graphic Impressions PO Box 917 Bulan, KY 41701	61-1344236	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Headwaters Inc PO Box 1422	26-2850223	10,000	0

Schedule I, Part IV, Statement 1

FOUNDATION FOR APPALACHIAN KENTUCKY INC

	Whitesburg, KY 41858			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Hicks Brothers Construction LLC PO Box 388 Hindman, KY 41822	85-2617386	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Hindman Floral 50 Cowtown Road Hindman, KY 41822	61-1254724	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Holbrook Wood Products Inc DBA Roaring Shoals Farm 12205 HWY 30 E Jackson, KY 41339	61-1396537	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Jackson Propane Plus 25 Capital Hill Drive Bonnyman, KY 41719	73-1548645	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Jackson Wholesale Company Inc dba PDQ Sales & Service 129 Armory Drive Jackson, KY 41339	61-0514560	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Jackson Window and Siding Supply 587 Armory Drive Jackson, KY 41339	00-0000000	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Jaynes Family Practice LLC 1013 Master Street Corbin, KY 40701	85-3752071	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				

## Schedule I, Part IV, Statement 1

## FOUNDATION FOR APPALACHIAN KENTUCKY INC

<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	J&J Bates Trucking Inc 3265 KY HWY 15 Whitesburg, KY 41858	26-2815827	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Joe's Drive-in Chicken PO Box 32 Isom, KY 41824	61-1288233	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Kentucky Mist Moonshine 128 East Main Street Whitesburg, KY 41855	47-1760412	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	King's Body Shop 900 HWY 317 Neon, KY 41840	00-0000000	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Knott Drug Abuse Council Inc PO Box 438 Hindman, KY 41822	27-0059771	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Liz Terry Photography PO Box 186 Hindman, KY 41822	47-1658168	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Mark Combs PO Box 657 Vicco, KY 41773	00-0000000	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Oak Tree Academy PO Box 342	81-4374944	10,000	0

Schedule I, Part IV, Statement 1

FOUNDATION FOR APPALACHIAN KENTUCKY INC

	Whitesburg, KY 41858			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Parthpihu Inc	88-1462004	10,000	0
	PO Box 84			
	Wayland, KY 41666			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Presbyterian Child Welfare Agency Inc	61-0524092	10,000	0
	116 Buckhorn Lane			
	Buckhorn, KY 41721			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Ratliff's Body Shop LLC	82-5491854	10,000	0
	PO Box 49			
	Garner, KY 41817			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Raymond Carpenter	00-0000000	10,000	0
	719 Washington Avenue			
	Jackson, KY 41339			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Reynolds and Craft Land Corp	61-1044665	10,000	0
	PO Box 690			
	Whitesburg, KY 41858			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Riverside Christian Training School	61-0621761	10,000	0
	114 Riverside Road			
	Lost Creek, KY 41348			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Rock Bottom Baptist Church	00-0000000	10,000	0
	3867 State Hwy 2022			
	Buckhorn, KY 41721			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				

## Schedule I, Part IV, Statement 1

## FOUNDATION FOR APPALACHIAN KENTUCKY INC

<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Roundabout Music Company 357 Main Street Whitesburg, KY 41858	46-5389053	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Rustic Rooster Custom Metal 240 McAuley Drive Whitesburg, KY 41858-7170	81-4873535	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Scott's Service Center 499 Hwy 931 S Whitesburg, KY 41858	61-1295761	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Seven North Apparel 2146 HWY 7 North Whitesburg, KY 41858	00-0000000	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Sexton's Used Cars 1561 Jenkins Road Whitesburg, KY 41858	00-0000000	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Soldiers of Jesus Christ Inc 4700 HWY 15 South Jackson, KY 41339	20-8023682	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Southern Steel Recycling Inc 149 Highway 7N Whitesburg, KY 41858	47-2767901	10,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Superior Printing Company 73 Community Drive	61-1070970	10,000	0

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FOUNDATION FOR APPALACHIAN KENTUCKY INC

	Cromona, KY 41810			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	TACK for Life	45-4801938	10,000	0
	PO Box 190			
	Wayland, KY 41666			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Troublesome Creek Stringed Instrument Company	61-1369294	10,000	0
	56 Education Lane			
	Hindman, KY 41822			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Waggin Tails Pet Resort LLC	86-1953520	10,000	0
	78 Golf Course Lane			
	Whitesburg, KY 41858			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Walters Service Center	82-3970774	10,000	0
	162 Town Hill Road			
	Jackson, KY 41339			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Waynes Beauty Supply	00-0000000	10,000	0
	10451 Kentucky Highway 1098			
	Jackson, KY 41339			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Grace Covenant Ministries	81-1309560	10,100	0
	PO Box 340			
	Annsville, KY 40402			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Corbin Boys Golf Team	00-0000000	10,239	0
	1901 Snyder Street			
	Corbin, KY 40701			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				

Schedule I, Part IV, Statement 1

FOUNDATION FOR APPALACHIAN KENTUCKY INC

<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Corbin Girls Golf Team 1901 Snyder Street Corbin, KY 40701	00-0000000	10,239	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Beaver Creek FRYSC 8000 Highway 7 South Topmost, KY 41862	00-0000000	10,500	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	City of Hazard 700 Main Street Hazard, KY 41701	61-6001839	10,500	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Kentucky River Regional Animal Shelter PO Box 465 Hazard, KY 41702	61-1155329	11,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Sandy Valley Habitat for Humanity Inc PO Box 281 Pikeville, KY 41502	61-1232168	11,471	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Appalachian Center for the Arts 218 Second Street Pikeville, KY 41501	81-4316682	12,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	South Floyd Elementary FRYSC 299 Mount Raider Drive Hi Hat, KY 41636	00-0000000	12,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	USO PO Box 96860	13-1610451	12,000	0



Schedule I, Part IV, Statement 1

FOUNDATION FOR APPALACHIAN KENTUCKY INC

Washington, DC 20090

IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Housing Development Alliance Inc 2871 North Main Street Hazard, KY 41701	61-1253346	12,383	0
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Letcher Elementary Middle School FRYSC 160 LHS Drive Blackey, KY 41804	00-0000000	13,000	0
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Big Sandy College Educational Foundation (BSCEF) 1 Bert Combs Drive Prestonsburg, KY 41653	00-0000000	13,260	0
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Buckhorn Children & Family Services 116 Buckhorn Lane Buckhorn, KY 41721	61-1211070	15,000	0
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Floyd County Sheriff's Office 149 S Central Avenue Suite 3 Prestonsburg, KY 41653	00-0000000	15,000	0
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Hemphill Community Center Inc DBA Black Sheep Brick Oven Bakery PO Box 142 Jackhorn, KY 41825	61-1343564	15,000	0
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant To further the exempt purpose of the organization

<b>Name and address</b>	Hindman Dyslexia Program PO Box 844 Hindman, KY 41822	00-0000000	15,000	0
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IRC code section 501C3

Method of valuation

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Prestonsburg Police Department 200 North Lake Drive Prestonsburg, KY 41653	00-0000000	15,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Wayland Historical Society Inc PO Box 331 Wayland, KY 41666	61-1289312	16,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Walmart	00-0000000	17,065	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Lowe's Home Improvement	00-0000000	19,999	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Big Creek Oneida FRC 523 North Highway 66 Oneida, KY 40962	00-0000000	21,250	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Beattyville Housing and Development Corporation Inc 65 East Main Street Beattyville, KY 41311	00-0000000	25,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Challenger Learning Center of Kentucky PO Box 2064 Hazard, KY 41702	31-1492348	25,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	FBC Prestonsburg - Baptist Learning Center 157 S Front Avenue Prestonsburg, KY 41653	00-0000000	25,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Mountain Association 433 Chestnut Street Berea, KY 40403	31-0900246	25,488	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Pike County School System Family Resource Centers 316 S Mayo Trail Pikeville, KY 40501	00-0000000	27,500	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Redbud Financial Alternatives Inc 2871 North Main Street Hazard, KY 41701	47-2214397	30,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Appalachian Citizens Law Center 317 Main Street Whitesburg, KY 41858	61-1401589	33,488	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Appalshop Inc 91 Madison Avenue Whitesburg, KY 41858	61-0890210	33,488	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Mountain Arts Center 50 Hal Rogers Drive Prestonsburg, KY 41653	61-6001899	35,956	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Wounded Warrior Project PO Box 758517 Topeka, KS 66675	20-2370934	36,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Alice Lloyd College	00-0000000	40,000	0

	100 Purpose Road Pippa Passes, KY 41844			
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Breathitt County Schools PO Box 750 Jackson, KY 41339	00-0000000	43,250	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Community Farm Alliance Inc PO Box 130 Berea, KY 40403	61-1092056	43,988	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Appalachian Early Childhood Network 151 Miss Edna Lane Hazard, KY 41701	84-3990574	45,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Brushy Fork Leadership Institute CPO 2164 Berea College Berea, KY 40404	61-0444650	50,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Franklin Road Academy 4700 Franklin Road Nashville, TN 37220	62-1138075	50,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Cowan Community Action Group Inc 81 Sturgill Branch Whitesburg, KY 41858	61-1396831	54,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Buckhorn Lake Area FRYSC 18392 KY Highway 28 Buckhorn, KY 41721	00-0000000	75,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Fund for the Arts 623 W Main Street Louisville, KY 40202	61-0479626	75,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Jenkins Independent PO Box 668 Jenkins, KY 41537	00-0000000	75,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Martha Jane Potter FRC 55 Kona Drive Whitesburg, KY 41858	00-0000000	75,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Robinson Elementary School 3311 Pigeon Roost Road Ary, KY 41712	00-0000000	75,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Whitesburg Area FRYSC 330 Park Street Whitesburg, KY 41858	00-0000000	75,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Whitesburg Middle School YSC Attn Stephanie Stidham 366 Park Street Whitesburg, KY 41858	00-0000000	75,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Hindman FRYSC 875 West Main Street Hindman, KY 41822	00-0000000	85,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>	To further the exempt purpose of the organization			
<b>Purpose of grant</b>	To further the exempt purpose of the organization			

## Schedule I, Part IV, Statement 1

## FOUNDATION FOR APPALACHIAN KENTUCKY INC

<b>Name and address</b>	Appalachian Research & Defense Fund of Kentucky (AppalReD) 120 N Front Avenue Prestonsburg, KY 41653	61-0848948	105,493	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Partnership Housing Inc 67 Lone Oak Industrial Park Road Booneville, KY 41314	61-1486773	130,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	HOMES Inc 65 Bentley Avenue Whitesburg, KY 41858	61-1060053	325,000	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Community Trust Bank PO Box 2947 Pikeville, KY 41502	00-0000000	342,439	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Community Foundation of West Kentucky PO Box 7 Paducah, KY 42002	61-1304905	467,001	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			
<b>Name and address</b>	Housing Development Alliance Inc PO Box 7284 Hazard, KY 41702	61-1253346	1,121,043	0
<b>IRC code section</b>	501C3			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	To further the exempt purpose of the organization			

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
<b>Type of grant</b>	130 Scholarships totaling \$775,928 and 51 Disaster Relief Grants totaling \$1,029,300, for a combined total of \$1,805,228	181	1,805,228	0
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

**FOUNDATION FOR APPALACHIAN KENTUCKY INC**

Employer identification number

**61-1329396**

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 15 - The board sets the salary and wages for all employees. Such items are discussed and voted on at the regular quarterly meetings.

Form 990, Part VI, Section C, Line 19 - The financial statements, governing documents, conflict of interest policy are all available upon request.



Activity Or Mission Description

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Description

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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, 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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

61-1329396

**FOUNDATION FOR APPALACHIAN KENTUCKY INC**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <a href="#">Appalachian Community Development Core Inc (82-1925378)</a> <a href="#">420 Main Street, Hazard, KY 41701</a>	Supporting Organization	KY	501(c)(3)	Line 12A, I	N/A		✓
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization FOUNDATION FOR APPALACHIAN KENTUCKY INC

Employer identification number 61-1329396

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [x] 501(c)( 3 ) (enter number) organization
[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[ ] 527 political organization
Form 990-PF [ ] 501(c)(3) exempt private foundation
[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

**FOUNDATION FOR APPALACHIAN KENTUCKY INC**

Employer identification number

**61-1329396**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 438,770	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 494,111	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

**FOUNDATION FOR APPALACHIAN KENTUCKY INC**

Employer identification number

**61-1329396**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 500,025	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 648,230	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 800,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,000,621	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 1,500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 1,910,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

**FOUNDATION FOR APPALACHIAN KENTUCKY INC**

Employer identification number

**61-1329396**

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if 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
-----	----- ----- -----	\$-----	-----

Name of organization  
**FOUNDATION FOR APPALACHIAN KENTUCKY INC**

Employer identification number  
**61-1329396**

**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee