

Return of Organization Exempt From Income Tax

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

A For the 2024 calendar year, or tax year beginning 01/01/2024 and ending 12/31/2024

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization FOUNDATION FOR APPALACHIAN KENTUCKY INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
420 Main Street
City or town, state or province, country, and ZIP or foreign postal code
Hazard, KY 41701
F Name and address of principal officer: KRISTIN COLLINS
420 MAIN STREET, HAZARD, KY 41701

D Employer identification number 61-1329396
E Telephone number 606-439-1357
G Gross receipts \$ 8,397,592

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number

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

J Website: www.AppalachianKY.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 2002 M State of legal domicile: KY

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

Part II Signature Block

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

Sign Here: Signature of officer KRISTIN COLLINS, EXECUTIVE DIRECTOR Date

Paid Preparer Use Only: Preparer's name Gregory Caudill Preparer's signature Date Check if self-employed PTIN P00618257 Firm's name Caudill & Associates CPA PLLC Firm's EIN 47-2880658 Firm's address 3070 LAKE CREST CIRCLE STE 400/267, LEXINGTON, KY 40513 Phone no. 606-547-2543

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 \$ 7,243,654 including grants of \$ 4,828,038) (Revenue \$ 7,400,838)  
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 7,243,654

**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 Schedule B, Schedule of Contributors? 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 checked="" type="checkbox"/>	<input 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 noncash 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	74
<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</b> <b>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>	35		
<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>7b</b>			
<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>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>			
<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>10b</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>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>12b</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>12c</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>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>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</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>16b</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? . . . . .		

**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			
Kristin Collins Executive Director	40.00 1.00			✓	✓			87,350	0	0
Kathy Atkins Chair	7.00 0.00	✓		✓				0	0	0
Cory Chesnut Treasurer	1.00 0.00	✓		✓				0	0	0
Keith Gabbard Vice Chair	1.00 0.00	✓		✓				0	0	0
Janet Smith Secretary	1.00 0.00	✓		✓				0	0	0
Danny Maggard Director	1.00 0.00	✓						0	0	0
Randy Craft Director	1.00 0.00	✓						0	0	0
Simon Christon Director	1.00 0.00	✓						0	0	0
Ketaki Bhattacharyya Director	1.00 0.00	✓						0	0	0
Melissa Bond	1.00 0.00	✓						0	0	0
Danielle Bocook Director	1.00 0.00	✓						0	0	0
Casey Michalovic Director	1.00 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> 427,596					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 6,860,861					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 316,732					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		7,288,457				
	<b>Program Service Revenue</b>			Business Code				
<b>2a</b>		Interest Income, Econ. Develop. Revolving	522390	16,593	16,593	0		
<b>b</b>		Fee Income	541611	7,142	7,142	0		
<b>c</b>		Classes and Art Programs	611699	63,553	63,553	0		
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . .		0	0	0		
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		87,288				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		805,827	0	0	805,827	
	<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	21,021				
			(ii) Personal	0				
	<b>b</b>	Less: rental expenses	<b>6b</b> 0					
	<b>c</b>	Rental income or (loss)	<b>6c</b> 21,021					
	<b>d</b>	Net rental income or (loss) . . . . .		21,021	21,021	0	0	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
	<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>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>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>			Business Code					
	<b>11a</b>	Miscellaneous Program Revenue	900099	4,072	4,072	0		
	<b>b</b>	Realized Capital Gain Revenue	523990	190,927	0	190,927		
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .		0	0	0		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		194,999					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		8,397,592	112,381	0	996,754		

**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 . . . . .	3,772,244	3,772,244		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,055,794	1,055,794		
<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 . . . . .	87,350		43,675	43,675
<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) . . . . .	0			
<b>7</b>	Other salaries and wages . . . . .	1,493,950	919,383	393,148	181,419
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .	328,321	190,889	90,696	46,736
<b>10</b>	Payroll taxes . . . . .	136,960	79,630	37,834	19,496
<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 . . . . .	89,370	29,492	30,386	29,492
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	831,679	623,759	207,920	
<b>12</b>	Advertising and promotion . . . . .	150,689	0	0	150,689
<b>13</b>	Office expenses . . . . .	49,035	14,912	19,211	14,912
<b>14</b>	Information technology . . . . .	64,167	21,175	21,817	21,175
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	65,413	25,232	26,712	13,469
<b>17</b>	Travel . . . . .	155,049	51,166	51,166	52,717
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	195,861	64,634	64,634	66,593
<b>20</b>	Interest . . . . .	50,137	16,545	17,047	16,545
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	14,197	4,685	4,827	4,685
<b>23</b>	Insurance . . . . .	47,632	0	47,632	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>Payment Processing Charges</u> . . . . .	25,562	25,562	0	0
<b>b</b>	<u>Event Performance Expenses</u> . . . . .	68,710	0	0	68,710
<b>c</b>	<u>Supplies/Other Program Expenses</u> . . . . .	407,169	319,310	53,107	34,752
<b>d</b>	<u>Miscellaneous Other Expenses</u> . . . . .	50,416	29,242	14,116	7,058
<b>e</b>	All other expenses . . . . .				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	9,139,705	7,243,654	1,123,928	772,123
<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 . . . . .	1,598,008	<b>1</b>	2,862,780
	<b>2</b> Savings and temporary cash investments . . . . .	19,451	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	895,261	<b>3</b>	535,816
	<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 . . . . .	885,263	<b>7</b>	697,858
	<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 . . . . .	129,416		
	<b>11</b> Investments—publicly traded securities . . . . .	25,630,255	<b>10c</b>	334,515
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>11</b>	26,434,494
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,172,327	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	31,549,275	<b>15</b>	2,196,934	
		<b>16</b>	33,062,397	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	31,163	<b>17</b>	47,481
	<b>18</b> Grants payable . . . . .	47,750	<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	957,764	<b>21</b>	1,349,572
	<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 . . . . .	150,893	<b>23</b>	141,156
	<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</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	1,187,570	<b>26</b>	1,538,209
<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 . . . . .	1,523,879	<b>27</b>	3,818,005
	<b>28</b> Net assets with donor restrictions . . . . .	28,837,826	<b>28</b>	27,706,183
	<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 . . . . .	30,361,705	<b>32</b>	31,524,188
<b>33</b> Total liabilities and net assets/fund balances . . . . .	31,549,275	<b>33</b>	33,062,397	

**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>	8,397,592
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	9,139,705
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-742,113
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	30,361,705
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,157,601
<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>	-253,005
<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>	31,524,188

**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 checked="" 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

**2024**

**Open to Public  
Inspection**

Name of the organization <b>FOUNDATION FOR APPALACHIAN KENTUCKY INC</b>	Employer identification number <b>61-1329396</b>
--	---

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4,225,047	12,098,859	20,767,034	11,075,287	7,288,457	55,454,684
<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 . . . . .	4,225,047	12,098,859	20,767,034	11,075,287	7,288,457	55,454,684
<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) . . . . .						24,853,738
<b>6 Public support.</b> Subtract line 5 from line 4						30,600,946

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	4,225,047	12,098,859	20,767,034	11,075,287	7,288,457	55,454,684
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	169,899	194,352	287,460	598,044	805,827	2,055,582
<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.) . . . . .				104,301	303,308	407,609
<b>11 Total support.</b> Add lines 7 through 10						57,917,875
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<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 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	52.84 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	53.04 %
<b>16a 33 1/3% support test—2024.</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—2023.</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—2024.</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—2023.</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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2024.</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—2023.</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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b>, 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 <b>Part VI</b>.</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 <b>Part VI</b>.</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 <b>Part VI</b>.</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 <b>Part VI</b>.</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>b</b> A family member of a person described on line 11a above?		
<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> .		

**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>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.		

**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).		

**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>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>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.		

**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. <b>Answer lines 2a and 2b below.</b>		
<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.		
<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>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<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>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.		

**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 2024 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-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> <b>From 2019</b> . . . . .			
<b>b</b> <b>From 2020</b> . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<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 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> <b>Excess from 2020</b> . . .			
<b>b</b> Excess from 2021 . . .			
<b>c</b> Excess from 2022 . . .			
<b>d</b> Excess from 2023 . . .			
<b>e</b> Excess from 2024 . . .			



SCHEDULE D (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

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 include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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 in 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	11,011,686	9,531,240	11,110,074	5,060,671	4,298,428
<b>b</b> Contributions	1,011,505	379,663	1,074,850	5,262,956	416,786
<b>c</b> Net investment earnings, gains, and losses	2,150,052	1,925,704	-1,802,715	116,309	665,374
<b>d</b> Grants or scholarships	864,956	744,640	691,883	214,423	258,010
<b>e</b> Other expenditures for facilities and programs	12,953	11,398	157,461	98,864	47,607
<b>f</b> Administrative expenses	96,189	68,883	1,625	16,575	14,300
<b>g</b> End of year balance	13,199,145	11,011,686	9,531,240	10,110,074	5,060,671

**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	71,671	323,485
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	68,775	57,745	11,030
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				334,515

**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, line 12, col. (B)) . . . . .		

**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, line 13, col. (B)) . . . . .		

**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	1,745,328
(2) Interest in Charitable Remainder Trust	451,606
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	2,196,934

**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, line 25, col. (B)) . . . . .	

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 .



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 81
- 3** Enter total number of other organizations listed in the line 1 table 9



## 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>	1 East Kentucky Corporation 513 Third Street Bldg A Suite 100 Paintsville, KY 41240	47-4557366	20,000	
<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 of purpose of the organization			
<b>Name and address</b>	A 1 HVAC 292 Blair Branch Road Jeremiah, KY 41826	00-0000000	13,400	
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	disaster relief			
<b>Name and address</b>	Adams Plumbing & Heating 729 Beaverdam Road Whitesburg, KY 41858	35-2268549	8,500	
<b>IRC code section</b>				
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	disaster relief			
<b>Name and address</b>	American Red Cross Eastern Kentucky Chapter 101 Bulldog Lane Suite 300 Hazard, KY 41701	53-0196605	7,500	
<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 of purpose of the organization			
<b>Name and address</b>	Appalachian Community Fund 1405 E Magnolia Ave Knoxville, TN 37917	00-0000000	25,000	
<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 of purpose of the organization			
<b>Name and address</b>	Appalachian Research & Defense Fund of Kentucky (AppalReD) 120 N Front Avenue Prestonsburg, KY 41653	61-0848948	50,536	
<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 of purpose of the organization			
<b>Name and address</b>	Appalachia Service Project 4523 Bristol Highway Johnson City, TN 37601	62-0989383	201,600	

## 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 of purpose of the organization

<b>Name and address</b>	Bobby Howard and Sons Heating and Cooling PO Box 38 Whitesburg, KY 41858	00-0000000	9,300
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant disaster relief

<b>Name and address</b>	Breathitt County Community Health Foundation 1484 Lakeside Drive Jackson, KY 41339	00-0000000	8,300
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant to further the exempt of purpose of the organization

<b>Name and address</b>	Buckhorn School 641 KY 80 Combs, KY 41729	61-6001294	36,000
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant to further the exempt of purpose of the organization

<b>Name and address</b>	Buladean Community Foundation 12190 NC 226 HWY Bakersville, NC 28705	00-0000000	6,000
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant to further the exempt of purpose of the organization

<b>Name and address</b>	CASA Of The Appalachian Mountains Inc 481 Main Street Suite 203 Hazard, KY 41701	86-2889378	11,565
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant to further the exempt of purpose of the organization

<b>Name and address</b>	CEDAR Inc P O Box 2152 Pikeville, KY 41502	61-1244951	5,250
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant to further the exempt of purpose of the organization

<b>Name and address</b>	Centro Unido 79 Academy Street Marion, NC 28752	00-0000000	6,000
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IRC code section

Method of valuation

Desc. of Non-Cash Asst.

## Schedule I, Part IV, Statement 1

## FOUNDATION FOR APPALACHIAN KENTUCKY INC

<b>Purpose of grant</b>	to further the exempt of purpose of the organization		
<b>Name and address</b>	Church of God Militant Pillar and Ground of Truth 143 Phyllis Lane Pikeville, KY 41501	00-0000000	7,500
<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 of purpose of the organization		
<b>Name and address</b>	City of Albany 204 S Cross Street Albany, KY 42602	61-6001772	40,000
<b>IRC code section</b>	170C1		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	to further the exempt of purpose of the organization		
<b>Name and address</b>	City of Hazard P O Box 420 Hazard, KY 41702	61-6001839	8,605
<b>IRC code section</b>	170C1		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	to further the exempt of purpose of the organization		
<b>Name and address</b>	City of Hindman PO Box 496 Hindman, KY 41822	00-0000000	15,000
<b>IRC code section</b>	170C1		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	to further the exempt of purpose of the organization		
<b>Name and address</b>	City of Jackson 355 Broadway Street Jackson, KY 41339	00-0000000	10,000
<b>IRC code section</b>	170C1		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	to further the exempt of purpose of the organization		
<b>Name and address</b>	City of Pikeville Exposition Center 126 Main Street Pikeville, KY 41501	00-0000000	10,000
<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 of purpose of the organization		
<b>Name and address</b>	Clinton County High School 65 High School Drive Albany, KY 42602	61-6001236	13,400
<b>IRC code section</b>	170C1		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	to further the exempt of purpose of the organization		
<b>Name and address</b>	Coats For Kids CO Pikeville Rotary Club PO Box 988	26-4835014	7,500

Schedule I, Part IV, Statement 1

FOUNDATION FOR APPALACHIAN KENTUCKY INC

	Pikeville, KY 41502		
<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 of purpose of the organization		
<b>Name and address</b>	Concerned Letcher Countians LLC P O Box 1325 Whitesburg, KY 41858	00-0000000	40,000
<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 of purpose of the organization		
<b>Name and address</b>	Corbin Boys Golf Team 1901 Snyder Street Corbin, KY 40701	00-0000000	5,282
<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 of purpose of the organization		
<b>Name and address</b>	Corbin Girls Golf Team 1901 Snyder Street Corbin, KY 40701	00-0000000	5,282
<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 of purpose of the organization		
<b>Name and address</b>	Cowan Community Action Group Inc PO Box 268 Whitesburg, KY 41858	61-1396831	20,000
<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 of purpose of the organization		
<b>Name and address</b>	Davidson Baptist Church 1912 KY Hwy 28 Hazard, KY 41701	00-0000000	10,000
<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 of purpose of the organization		
<b>Name and address</b>	Discount Auto Brokers Inc PO Box 1413 Prestonsburg, KY 41653	00-0000000	24,500
<b>IRC code section</b>	501C3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	disaster relief		
<b>Name and address</b>	East Kentucky Dream Center 463 Hambley Boulevard Pikeville, KY 41501	82-5293842	10,500
<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 of purpose of the organization		
<b>Name and address</b>	East Tennessee Foundation 520 West Summit Hill Drive Suite 1101 Knoxville, TN 37902	00-0000000	31,000
<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 of purpose of the organization		
<b>Name and address</b>	Elkhorn Community Church PO Box 14 Elkhorn City, KY 41522	26-3107216	7,500
<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 of purpose of the organization		
<b>Name and address</b>	FaithLife Ministries Inc 146 4th Street Pikeville, KY 41501	84-3305565	37,500
<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 of purpose of the organization		
<b>Name and address</b>	FBC Prestonsburg Baptist Learning Center 157 S Front Avenue Prestonsburg, KY 41653	00-0000000	8,000
<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 of purpose of the organization		
<b>Name and address</b>	First Presbyterian Church PO Box 695 Hazard, KY 41702	00-0000000	10,000
<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 of purpose of the organization		
<b>Name and address</b>	Foothills Festival Inc P O Box 188 Albany, KY 42602	00-0000000	10,000
<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 of purpose of the organization		
<b>Name and address</b>	Frontier Housing Inc 5445 Flemingsburg Road Morehead, KY 40351	61-0863958	158,000
<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 of purpose of the organization		
<b>Name and address</b>	Frostburg State University	52-6002033	30,000

## Schedule I, Part IV, Statement 1

## FOUNDATION FOR APPALACHIAN KENTUCKY INC

	101 Braddock Road Frostburg, MD 21532		
<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 of purpose of the organization		
<b>Name and address</b>	Goodwill Pikeville Opportunity Center 126 Trivette Drive Pikeville, KY 41501	61-0475284	25,000
<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 of purpose of the organization		
<b>Name and address</b>	Grace Community Kitchen P O Box 1381 Pikeville, KY 41502	30-0138378	7,500
<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 of purpose of the organization		
<b>Name and address</b>	Grace Covenant Ministries PO Box 340 Annville, KY 40402	61-6055899	26,000
<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 of purpose of the organization		
<b>Name and address</b>	Handfuls on Purpose Inc PO Box 2535 Pikeville, KY 41502	26-1934832	7,500
<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 of purpose of the organization		
<b>Name and address</b>	Hazard Perry County Chamber of Commerce PO Box 7067 Hazard, KY 41702	00-0000000	10,000
<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 of purpose of the organization		
<b>Name and address</b>	Helping Hands of Phelps Inc 125 Falcon Motel Street Phelps, KY 41553	30-0271831	7,500
<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 of purpose of the organization		
<b>Name and address</b>	Highlands Foundation Inc PO BOX 266 Prestonsburg, KY 41653	00-0000000	5,500
<b>IRC code section</b>	501C3		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

Purpose of grant to further the exempt of purpose of the organization

<b>Name and address</b>	Hindman Settlement School P O Box 844 Hindman, KY 41822	61-0447248	14,000
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IRC code section 501C3

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant to further the exempt of purpose of the organization

<b>Name and address</b>	Hindman United Methodist Church 27 Cokesbury Drive Hindman, KY 41822	00-0000000	7,500
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IRC code section 501C3

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant to further the exempt of purpose of the organization

<b>Name and address</b>	Housing Development Alliance Inc 2871 North Main Street Hazard, KY 41701	61-1253346	11,555
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IRC code section 501C3

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant to further the exempt of purpose of the organization

<b>Name and address</b>	Jackson County Christian Schools Inc 190 Campus Dr PO Box 156 Annville, KY 40402	61-1083055	6,243
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IRC code section 501C3

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant to further the exempt of purpose of the organization

<b>Name and address</b>	Jackson County Fiscal Court P O Box 682 Mc Kee, KY 40447	00-0000000	11,000
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IRC code section 170C1

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant to further the exempt of purpose of the organization

<b>Name and address</b>	Johnson County Fiscal Court 230 Sourt Street Suite 201 PO Box 868 Paintsville, KY 41240	00-0000000	10,000
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IRC code section 170C1

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant to further the exempt of purpose of the organization

<b>Name and address</b>	Josh Roberts Heating & Cooling 3798 Highway 931 North Whitesburg, KY 41858	00-0000000	20,200
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IRC code section

## Method of valuation

## Desc. of Non-Cash Asst.

Purpose of grant disaster relief

<b>Name and address</b>	Journey Christian Church 343 Lyttle Blvd Hazard, KY 41701	00-0000000	12,500
<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 of purpose of the organization		
<b>Name and address</b>	Knott County Central High School Speech Team PO Box 849 Hindman, KY 41822	00-0000000	8,500
<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 of purpose of the organization		
<b>Name and address</b>	Knott County Long Term Disaster Recovery Group Inc PO Box 212 Pinetop, KY 41843	92-0533311	25,000
<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 of purpose of the organization		
<b>Name and address</b>	Leatherwood Re enactment Corporation PO Box 599 Cornettsville, KY 41731	20-5824560	15,600
<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 of purpose of the organization		
<b>Name and address</b>	Letcher County Fiscal Court 156 Main St Suite 107 Whitesburg, KY 41858	00-0000000	6,000
<b>IRC code section</b>	170C1		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	to further the exempt of purpose of the organization		
<b>Name and address</b>	Lost Creek Vol Fire Dept 4353 lost creek rd HAZARD, KY 41701	61-1072422	20,000
<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 of purpose of the organization		
<b>Name and address</b>	Lowe's Home Improvement Store #1819 81 Commerce Drive Hazard, KY 41701	00-0000000	46,711
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	disaster relief		
<b>Name and address</b>	Martha Mary and Me Foundation 6066 Marble Way	27-1173001	38,103

Schedule I, Part IV, Statement 1

FOUNDATION FOR APPALACHIAN KENTUCKY INC

	Cold Springs, KY 41076		
<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 of purpose of the organization		
<b>Name and address</b>	Middle Brother Construction 193 Cottage Row Jenkins, KY 41537	00-0000000	10,000
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	disaster relief		
<b>Name and address</b>	Mountain Arts Center 50 Hal Rogers Drive Prestonsburg, KY 41653	61-6001899	29,000
<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 of purpose of the organization		
<b>Name and address</b>	Mountain Association 433 Chestnut Street Berea, KY 40403	31-0900246	25,000
<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 of purpose of the organization		
<b>Name and address</b>	Mountain BizWorks 153 S Lexington Avenue Ashville, NC 28801	00-0000000	31,000
<b>IRC code section</b>	501C3		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	disaster relief		
<b>Name and address</b>	New Beginnings Center for Children and Families 151 Miss Edna Lane Hazard, KY 41701	61-0899221	31,388
<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 of purpose of the organization		
<b>Name and address</b>	Oakdale Christian Academy 5801 Beattyville Rd Jackson, KY 41339	61-0605703	60,000
<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 of purpose of the organization		
<b>Name and address</b>	One Church of Eastern Kentucky Attn Adam Akers PO Box 997 Pikeville, KY 41502	47-5351719	10,000
<b>IRC code section</b>	501C3		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

**Purpose of grant** to further the exempt of purpose of the organization

<b>Name and address</b>	Osborne Brothers Hometown Festival PO Box 1959 Hyden, KY 41749	00-0000000	11,500
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**IRC code section** 501C3

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** to further the exempt of purpose of the organization

<b>Name and address</b>	Perry County School District 315 Park Avenue Hazard, KY 41701	00-0000000	10,000
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**IRC code section** 501C3

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** to further the exempt of purpose of the organization

<b>Name and address</b>	Pike County Relief Services C/O United Helping Hands 4145 North May Trail Box 249 Pikeville, KY 41501	00-0000000	25,171
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**IRC code section** 501C3

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** to further the exempt of purpose of the organization

<b>Name and address</b>	Pike County Senior Citizens Program Inc 146 Main Street P O Box 751 Pikeville, KY 41501	61-1160806	7,500
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**IRC code section** 501C3

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** to further the exempt of purpose of the organization

<b>Name and address</b>	Pikeville Area Family YMCA 424 Bob Amos Drive Pikeville, KY 41501	61-1177162	32,500
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**IRC code section** 501C3

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** to further the exempt of purpose of the organization

<b>Name and address</b>	Redbud Financial Alternatives Inc 2871 North Main Street Hazard, KY 41701	47-2214397	12,500
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**IRC code section** 501C3

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** to further the exempt of purpose of the organization

<b>Name and address</b>	Riverside Christian Academy PO Box 1 Lost Creek, KY 41348	00-0000000	21,000
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**IRC code section** 501C3

**Method of valuation**

## Desc. of Non-Cash Asst.

**Purpose of grant** to further the exempt of purpose of the organization

<b>Name and address</b>	Rock Bottom Baptist Church 3867 State Hwy 2022 Buckhorn, KY 41721	00-0000000	10,000
<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 of purpose of the organization		
<b>Name and address</b>	Roy G Eversole Elementary 601 Broadway Hazard, KY 41701	00-0000000	6,000
<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 of purpose of the organization		
<b>Name and address</b>	Sandy Valley Habitat for Humanity Inc P O Box 281 Pikeville, KY 41502	61-1232168	21,782
<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 of purpose of the organization		
<b>Name and address</b>	ServePro PO Box 325 Prestonsburg, KY 41653	00-0000000	8,096
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	disaster relief		
<b>Name and address</b>	Southeast Heating & Cooling PO Box 92 Lynch, KY 40855	00-0000000	31,550
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	disaster relief		
<b>Name and address</b>	St Vincent Mission PO Box 232 David, KY 41616	00-0000000	10,272
<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 of purpose of the organization		
<b>Name and address</b>	Taylor Metal Roofing & Siding Co 1249 KY RTE 1750 Prestonsburg, KY 41653	00-0000000	12,671
<b>IRC code section</b>			
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	disaster relief		
<b>Name and address</b>	Teach For America Appalachia Appalachia Lockbox PO Box 7410773	00-0000000	51,000

	Chicago, IL 60674		
<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 of purpose of the organization		
<b>Name and address</b>	The Community Foundation of Western North Carolina 4 Vanderbilt Park Drive Suite 300 Ashville, NC 28803	00-0000000	31,000
<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 of purpose of the organization		
<b>Name and address</b>	The Greater Kanawha Valley Foundation P O Box 3041 Charleston, WV 25331	00-0000000	25,000
<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 of purpose of the organization		
<b>Name and address</b>	The Marshall University Foundation 519 John Marshall Drive Huntington, WV 25703	00-0000000	50,000
<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 of purpose of the organization		
<b>Name and address</b>	The Pikeville Community Kitchen PO Box 4241 Pikeville, KY 41502	82-3888172	14,500
<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 of purpose of the organization		
<b>Name and address</b>	Troublesome Creek Stringed Instrument Company 56 Education Lane Hindman, KY 41822	61-1369294	15,000
<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 of purpose of the organization		
<b>Name and address</b>	United Way of Southwest Virginia PO Box 644 Abingdon, VA 24212	00-0000000	31,000
<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 of purpose of the organization		
<b>Name and address</b>	USO P O Box 96860 Washington, DC 20090	13-1610451	12,000
<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 of purpose of the organization		
<b>Name and address</b>	Wounded Warrior Project P O Box 758517 Topeka, KS 66675	20-2370934	36,000
<b>IRC code section</b>	501C3		

**Method of valuation**

**Desc. of Non-Cash Asst.**

<b>Purpose of grant</b>	to further the exempt of purpose of the organization		
<b>Name and address</b>	Appalachian Community Development Core Inc 420 Main Street Hazard, KY 41701	82-1925378	1,544,071
<b>IRC code section</b>	501C3		0

**Method of valuation**

**Desc. of Non-Cash Asst.**

<b>Purpose of grant</b>	To further the exempt purpose of the organization		
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Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
Type of grant	89 Scholarships totaling \$827,316 and 4 Disaster Relief Grants totaling \$43,296 for a combined total of \$870,612	93	870,612	
Method of valuation				
Desc. of Non-Cash Asst.				

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**FOUNDATION FOR APPALACHIAN KENTUCKY INC**

Employer identification number

**61-1329396**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	6	316,732	FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( . . . . . )				
26 Other ( . . . . . )				
27 Other ( . . . . . )				
28 Other ( . . . . . )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	✓	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 officers and 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, and conflict of interest policy are all available upon request.

Form 990, Part IX, Line 11g - Other fees for services (nonemployees) primarily consists of payments to various independent contractors and service providers for specialized services rendered in support of fiscally sponsored organizations and their projects and programs. These services include, but are not limited to, program administration, project management, consulting, and professional services that are essential to the operation and oversight of fiscally sponsored initiatives. The remainder of the amount consists of payments for specialized services and technical or professional functions requiring external expertise. These expenditures are necessary to further the organization's exempt purposes and to ensure effective management and administration of its sponsored projects.

**Activity Or Mission Description**

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**Description**

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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)**

(Rev. December 2024)

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

**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> 420 Main Street, Hazard, KY 41701	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)	Appalachian Community Development Core Inc	b	2,016,571	FMV
(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) .....													
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(14) .....													
(15) .....													
(16) .....													

