PUBLIC INSPECTION COPY

EXTENDED TO MAY 15, 2025

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning JUL 1, 2023 **and ending** JUN 30, 2024

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

C Name of organization
FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
319 OAK STREET

City or town, state or province, country, and ZIP or foreign postal code
BEREA, KY 40403

F Name and address of principal officer: JIM KING
SAME AS C ABOVE

D Employer identification number
31-0986871

E Telephone number
859-986-2321

G Gross receipts $ 22,418,734.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.FAHE.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1980 **M** State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: FAHE BRINGS PEOPLE, ORGANIZATIONS, AND RESOURCES TOGETHER TO BUILD HOMES, COMMUNITIES,

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	107
6	Total number of volunteers (estimate if necessary)	6	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	19,554,008.	16,170,505.
9	Program service revenue (Part VIII, line 2g)	5,052,124.	5,627,871.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	277,423.	601,649.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,499.	18,709.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,889,054.	22,418,734.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,769,568.	7,759,858.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,976,123.	8,359,018.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) 1,108,689.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,895,176.	5,315,340.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,640,867.	21,434,216.
19	Revenue less expenses. Subtract line 18 from line 12	5,248,187.	984,518.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	114,989,190.	120,890,390.
21	Total liabilities (Part X, line 26)	71,938,395.	77,110,217.
22	Net assets or fund balances. Subtract line 21 from line 20	43,050,795.	43,780,173.

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 — Date

BRITTNEY MURPHY, CFO/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
LORI ROTHE YOKOBOSKY, CPA	LORI ROTHE YOKOBOSKY	03/13/25	☐	P01273422

Firm's name COHNREZNICK LLP — Firm's EIN 22-1478099

Firm's address 14 SYLVAN WAY
PARSIPPANY, NJ 07054-3801 — Phone no. 973-228-3500

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SEE SCHEDULE O

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 X 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 X No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 12,161,859. including grants of $ 7,759,858.) (Revenue $ 282,536.)
STRATEGIC PROGRAMS CONNECTS DIFFERENT ORGANIZATIONS TO SPECIALIZED RESOURCES THAT WILL HELP EXPAND THEIR PROJECTS AND IMPROVE THE QUALITY OF LIFE IN THEIR COMMUNITIES. THIS TEAM MANAGES GRANT FUNDED PROGRAMS SUCH AS THE KENTUCKY ACCESS TO RECOVERY PROGRAM AND PARTNERS FOR RURAL TRANSFORMATION.

4b (Code:) (Expenses $ 3,034,322. including grants of $) (Revenue $ 3,932,019.)
COMMUNITY LENDING SERVICES - FAHE COUPLES A COMMUNITY LOAN FUND WITH OUTSTANDING LENDING EXPERTISE TO FACILITATE THE FLOW OF IMPACTFUL PRIVATE AND PUBLIC INVESTMENTS INTO HOUSING AND COMMUNITY DEVELOPMENT PROJECTS ACROSS THE REGION.

4c (Code:) (Expenses $ 2,185,777. including grants of $) (Revenue $ 836,191.)
HOME LENDING - JCL IS A FULL-SERVICE MORTGAGE LENDER THAT STRENGTHENS COMMUNITIES BY CREATING SUCCESSFUL HOMEOWNERS. JUSTCHOICE WAS THE FIRST NONPROFIT THIRD PARTY ORIGINATOR FOR FREEDOM AND HAS BEEN INSTRUMENTAL IN CREATING A NATIONAL NONPROFIT PACKAGING SYSTEM FOR USDA RURAL DEVELOPMENT 502 DIRECT LOANS. JCL IS A FANNIE/FREDDIE SELLER/SERVICER AS WELL ALLOWING RURAL REGIONS TO ACCESS CAPITAL THAT COULD BE UNAVAILABLE FROM OTHER LENDERS.

4d Other program services (Describe on Schedule O.)
(Expenses $ 2,356,520. including grants of $) (Revenue $ 595,834.)

4e Total program service expenses 19,738,478.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	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? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	206		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 107			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	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)?	**4a**		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	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?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	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?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
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 **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	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.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** 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.	**17**		

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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	15		
2	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?	2			X
3	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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	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?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	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*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AR,CA,CO,CT,DC,FL,IL,KY,MD,MA,MN,MS

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.

X Own website ☐ Another's website X 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

BRITTNEY MURPHY - 859-986-2321

319 OAK STREET, BEREA, KY 40403

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 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			
(1) JIM KING CEO AND PRESIDENT OF BOARD	40.00			X				232,096.	0.	40,768.
(2) SARA MORGAN PRESIDENT OF FAHE, VICE PRESIDENT OF	40.00			X				164,614.	0.	30,608.
(3) JOSE QUINONEZ OUTGOING CHIEF OPERATIONS AND STRAT	40.00					X		165,859.	0.	0.
(4) BRITTNEY MURPHY CFO AND TREASURER	40.00			X				138,981.	0.	14,337.
(5) PAM JOHNSON SVP OF INNOVATION	40.00					X		135,510.	0.	14,249.
(6) LAURA MEADOWS VICE PRESIDENT OF BOARD	40.00			X				134,469.	0.	9,484.
(7) RUSSELL J ESTRIDGE SVP OF DEVELOPMENT	40.00					X		119,924.	0.	13,661.
(8) JESSICA ESTES SECRETARY OF BOARD	40.00			X				62,311.	0.	9,304.
(9) ADAM DICKSON AT LARGE SEAT	1.00	X						0.	0.	0.
(10) ANDY KEGLEY VA CAUCUS REPRESENTATIVE	1.00	X						0.	0.	0.
(11) ARON BOLDOG AL CAUCUS REPRESENTATIVE	1.00	X						0.	0.	0.
(12) CHRISTAL CROUSO WV CAUCUS REPRESENTATIVE	1.00	X						0.	0.	0.
(13) DANA BEZERRA AT LARGE SEAT	1.00	X						0.	0.	0.
(14) DIANE N. LOEFFLER AT LARGE SEAT	1.00	X						0.	0.	0.
(15) DONNA GAMBRELL AT LARGE SEAT	1.00	X						0.	0.	0.
(16) EMILY WILSON-HAUGER WV CAUCUS REPRESENTATIVE	1.00	X						0.	0.	0.
(17) JACKIE MAYO CHAIRPERSON OF BOARD, TN C	1.00	X		X				0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) JAKE POWELL 2ND VICECHAIR VA CAUCUS RE	1.00	X						0.	0.	0.
(19) JEFF MOSLEY AT LARGE SEAT	1.00	X						0.	0.	0.
(20) LINDY TURNER TN CAUCUS REPRESENTATIVE	1.00	X						0.	0.	0.
(21) MARY ELLEN JUDAH AL CAUCUS REPRESENTATIVE	1.00	X						0.	0.	0.
(22) SARA BALL OUTGOING SECRETARY OF BOARD	40.00			X				0.	0.	0.
(23) SCOTT MCREYNOLDS VICE CHAIRPERSON OF BOARD	1.00	X		X				0.	0.	0.
(24) SETH LONG KY CAUCUS REPRESENTATIVE	1.00	X						0.	0.	0.
1b Subtotal								1,153,764.	0.	132,411.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,153,764.	0.	132,411.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 7

		Yes	No
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BROWNCOW TECHNOLOGY LTD 4346 THORNVIEW DRIVE, MORROW, OH 45152	IT CONSULTING	144,421.
MCBRAYER PLLC, 201 EAST MAIN STREET, SUITE 900, LEXINGTON, KY 40507	LEGAL SERVICES	133,674.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 2

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	26,550.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	8,111,302.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,032,653.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			16,170,505.			
Program Service Revenue		Business Code					
	2a MORTGAGE AND NOTE INTEREST	900099		3,796,102.	3,796,102.		
	b FEES ADM SERVICE CHARGES	900099		1,775,117.	1,775,117.		
	c GAIN ON SALE OF LOANS	900099		55,391.	55,391.		
	d GAIN ON ACQUISITION OF ASSETS	900099		1,261.	1,261.		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			5,627,871.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			600,164.			600,164.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental income or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a		1,485.				
	b Less: cost or other basis and sales expenses 7b		0.				
	c Gain or (loss) 7c		1,485.				
	d Net gain or (loss)			1,485.			1,485.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a						
	b Less: direct expenses 8b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19 9a						
	b Less: direct expenses 9b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances 10a						
	b Less: cost of goods sold 10b						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue	900099		18,709.	18,709.		
	e **Total.** Add lines 11a-11d			18,709.			
	12 **Total revenue.** See instructions			22,418,734.	5,646,580.	0.	601,649.

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,759,858.	7,759,858.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	904,363.	777,768.	35,272.	91,323.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,929,579.	5,099,546.	231,267.	598,766.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	112,393.	96,660.	4,384.	11,349.
9 Other employee benefits	886,278.	762,215.	34,567.	89,496.
10 Payroll taxes	526,405.	452,718.	20,531.	53,156.
11 Fees for services (nonemployees):				
a Management				
b Legal	87,569.	48,120.	13,824.	25,625.
c Accounting	40,372.	22,185.	6,373.	11,814.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,162,593.	1,001,028.	38,728.	122,837.
12 Advertising and promotion	67,611.	64,256.	368.	2,987.
13 Office expenses	356,625.	331,621.	17,235.	7,769.
14 Information technology	212,473.	189,638.	13,719.	9,116.
15 Royalties				
16 Occupancy	105,234.	72,861.	31,204.	1,169.
17 Travel	315,389.	276,545.	11,626.	27,218.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	178,588.	160,884.	6,516.	11,188.
20 Interest	1,890,683.	1,882,869.	6,729.	1,085.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	196,626.	133,425.	54,423.	8,778.
23 Insurance	77,803.	52,795.	21,535.	3,473.
24 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.)				
a KY HOME PROGRAM RECAPTU	246,687.	246,687.		
b EQUIPMENT & MAINTENANCE	195,439.	153,047.	27,952.	14,440.
c LICENSES, FEES & PERMIT	82,711.	76,443.	3,520.	2,748.
d SUBSCRIPTIONS	80,866.	60,035.	6,972.	13,859.
e All other expenses	18,071.	17,274.	304.	493.
25 **Total functional expenses.** Add lines 1 through 24e	21,434,216.	19,738,478.	587,049.	1,108,689.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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
Assets	1	Cash - non-interest-bearing	7,084,638.	1	9,209,996.
	2	Savings and temporary cash investments	23,223,361.	2	9,803,032.
	3	Pledges and grants receivable, net	842,938.	3	5,305,554.
	4	Accounts receivable, net	1,217,881.	4	983,558.
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	78,308,254.	7	91,169,436.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	112,276.	9	166,257.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 4,478,658.			
	b	Less: accumulated depreciation — 10b: 1,613,483.	2,974,966.	10c	2,865,175.
	11	Investments - publicly traded securities	112,400.	11	112,400.
	12	Investments - other securities. See Part IV, line 11	147,967.	12	155,513.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	138,952.	14	101,890.
	15	Other assets. See Part IV, line 11	825,557.	15	1,017,579.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	114,989,190.	16	120,890,390.
Liabilities	17	Accounts payable and accrued expenses	943,553.	17	1,228,887.
	18	Grants payable		18	
	19	Deferred revenue	2,500.	19	5,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	801,911.	21	869,113.
	22	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	160,000.	22	160,000.
	23	Secured mortgages and notes payable to unrelated third parties	65,500,001.	23	69,899,620.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,530,430.	25	4,947,597.
	26	**Total liabilities.** Add lines 17 through 25	71,938,395.	26	77,110,217.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	30,404,675.	27	28,104,948.
	28	Net assets with donor restrictions	12,646,120.	28	15,675,225.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	43,050,795.	32	43,780,173.
	33	Total liabilities and net assets/fund balances	114,989,190.	33	120,890,390.

Form **990** (2023)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,418,734.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,434,216.
3	Revenue less expenses. Subtract line 2 from line 1	3	984,518.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	43,050,795.
5	Net unrealized gains (losses) on investments	5	18,747.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-273,887.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	43,780,173.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
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	3b	X	

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	Employer identification number
FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.	31-0986871

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)(vi).** (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 1/3% 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 1/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** 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 **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) ..... 14 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 ..... 15 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2022.** 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 **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2023.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2022.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8158522.	7470856.	13253337.	19554008.	16170505.	64607228.
2 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	3954085.	4855827.	4690128.	5052124.	5627871.	24180035.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	12112607.	12326683.	17943465.	24606132.	21798376.	88787263.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				14,400.	17,000.	31,400.
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	306,199.	860,802.	65,772.			1232773.
c Add lines 7a and 7b	306,199.	860,802.	65,772.	14,400.	17,000.	1264173.
8 **Public support.** (Subtract line 7c from line 6.)						87523090.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	12112607.	12326683.	17943465.	24606132.	21798376.	88787263.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	27,265.	8,336.	10,522.	277,694.	600,164.	923,981.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	27,265.	8,336.	10,522.	277,694.	600,164.	923,981.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	723,139.	131,209.	865.	5,499.	18,709.	879,421.
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	12863011.	12466228.	17954852.	24889325.	22417249.	90590665.

14 **First 5 years.** 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 **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	96.61 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	94.61 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	1.02 %
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	.49 %

19a **33 1/3% support tests - 2023.** 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 **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2022.** 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 **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

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? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	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? *If "Yes," provide detail in* **Part VI.**	9b		
c	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? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
c	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* **Part VI.**	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	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* **Part VI** *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.*	**1**		
2	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* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	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* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	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?	**1**		
2	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* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	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* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	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* **Part VI 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.*	**2a**		
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* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
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* **Part VI** *the role played by the organization in this regard.*	**3b**		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 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)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

7 ☐ 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)*

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (*describe in* **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2019 AMOUNT: $ 723,139.

2020 AMOUNT: $ 131,209.

2021 AMOUNT: $ 865.

2022 AMOUNT: $ 5,499.

2023 AMOUNT: $ 18,709.

Schedule A — Payments from Disqualified Persons Included on Part III, Line 7a — 2023

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
JAMES KING	0.	0.	0.	14,400.	17,000.
Total to Schedule A, Part III, Line 7a				14,400.	17,000.

Schedule A — Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b — 2023

** Do Not File **
*** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
ATLAS	0.	2,478.	0.	0.	0.
E8	0.	37,039.	0.	0.	0.
FANNIE MAE	0.	28,918.	0.	0.	0.
FREEDOM MORTGAGE CORP	168,880.	398,055.	65,772.	0.	0.
KIT CARSON	0.	51,228.	0.	0.	0.
SRP	8,388.	9,694.	0.	0.	0.
SWHS	0.	170,300.	0.	0.	0.
WASHINGTON FACILITY & LAND COMPANY	128,931.	163,090.	0.	0.	0.
Total to Schedule A, Part III, Line 7b	306,199.	860,802.	65,772.		

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.

Employer identification number 31-0986871

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.

		(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ _____

b Assets included in Form 990, Part X $ _____

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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term endowment _____%

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
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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
1a Land		130,133.		130,133.
b Buildings		3,428,204.	798,987.	2,629,217.
c Leasehold improvements				
d Equipment		920,321.	814,496.	105,825.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,865,175.

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)		
Total. (Col. (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)		
Total. (Col. (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	

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) EQUITY EQUIVALENT	4,000,000.
(3) CLIENT ADANCE & DEPOSIT	110,863.
(4) DEFERRED COMPENSATION	569,884.
(5) LEASE LIABILITY	32,981.
(6) UNFUNDED COMMITMENTS LIABILITY	233,869.
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	4,947,597.

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 ... X

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

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

1	Total revenue, gains, and other support per audited financial statements			1	22,437,481.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	18,747.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	18,747.
3	Subtract line **2e** from line **1**			3	22,418,734.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	22,418,734.

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

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

1	Total expenses and losses per audited financial statements			1	21,434,216.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	21,434,216.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	21,434,216.

Part XIII Supplemental Information

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

PART IV, LINE 2B:

THE ORGANIZATION COLLECTED AND MAINTAINS AN ESCROW ACCOUNT FOR MORTGAGES IT MAINTAINS WITH ITS MORTGAGE CUSTOEMRS. IT ALSO MAINTAINS AN ESCROW ACCOUNT FOR MORTGAGES IT SERVICES FOR OTHER ORGANIZATIONS. THIS ESCROW IS MAINTAINED FOR CUSTOMERS TO ESCROW FOR TAXES AND INSURANCE.

PART X, LINE 2:

THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ORGANIZATION UNDER CODE SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAX HAS BEEN MADE. IN ADDITION, THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A). THE ORGANIZATION IS NOT AWARE OF ANY UNCERTAIN TAX

Part XIII Supplemental Information *(continued)*

POSITIONS THAT WOULD REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS.

THE ORGANIZATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATION BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2020.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.

Employer identification number 31-0986871

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? ..... [X] 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
APPALACHIA SERVICE PROJECT (ASP) 4523 BRISTOL HIGHWAY JOHNSON CITY, TN 37601	62-0989383	501C3	22,500.	0.			GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL
APPALACHIAN COMMUNITY ACTION AGENCY (APPCAA) - PO BOX 279 - GATE CITY, VA 24251	54-0785849	501C3	22,500.	0.			GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL
BEACON HOUSE AFTERCARE, INC. 963 SOUTH 2ND STREET LOUISVILLE, KY 40203	31-1497608	501C3	33,423.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
BETTER DAYS SOBER LIVING PO BOX 723 WINCHESTER, KY 40392	47-3924507	501C3	7,450.	0.			PROVIDING GRANT
BOB'S GARAGE LLC 105 COURT ST. CYNTHIANA, KY 41031			5,693.	0.			PROVIDING RENT
BRIGHT OUTLOOK RECOVERY, LLC 26 VON ZUBEN COURT FORT THOMAS, KY 41075	81-0690610		45,475.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 38.

3 Enter total number of other organizations listed in the line 1 table ..... 13.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2023**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

LHA 332101 11-01-23

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRISTOL REDEVELOPMENT & HOUSING AUTHORITY (BRHA) - 120 HOPE LANE - BRISTOL, VA 24201-4838	54-6001163	501C3	22,500.	0.			GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL
CHEHALIS TRIBAL LOAN FUND 420 HOWANUT ROAD OAKVILLE, WA 98568	27-0177378	501C3	25,000.	0.			PROVIDING GRANT
CHRISTIAN APPALACHIAN PROJECT (CAP) - 485 PONDEROSA DRIVE - PAINTSVILLE, KY 41240	61-0661137	501C3	42,420.	0.			GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL
CLINCH-POWELL RC&D PO BOX 379 RUTLEDGE, TN 37861	62-1396815	501C3	24,900.	0.			GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL
COAP PO BOX 1617 HARLAN, KY 40831	31-1095116	501C3	210,337.	0.			GRANT FOR HOUSING SUBSIDY
COMMUNITIES UNLIMITED, INC 3 EAST COLT SQUARE DRIVE FAYETTEVILLE, AR 72703	71-0464321	501C3	1,055,652.	0.			SUPPORT FOR THE PARTNERS FOR RURAL TRANSFORMATION PROGRAM
COMMUNITY DEVELOPMENT CORP OF BROWNSVILLE (CDCB) - 901 E LEVEE - BROWNSVILLE, TX 78520	74-1835777	501C3	928,814.	0.			SUPPORT FOR THE PARTNERS FOR RURAL TRANSFORMATION PROGRAM
COOK INLET LENDING CENTER, INC 3600 SPENARD ROADSUITE 100 ANCHORAGE, AK 99503	92-0177969	501C3	25,000.	0.			PROVIDING GRANT
DIVINE STEPS INC. 3050 WEST BROADWAY STE. 1D LOUISVILLE, KY 40211	27-2025274	501C3	51,790.	0.			PROVIDING GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN EIGHT CDC (E8) 3 LIMITED CENTRE JOHNSON CITY, TN 37604	62-1754514	501C3	177,567.	0.			GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL
ETHAN HEALTH LLC GENESIS HOUSE 1623 FOXHAVEN DRIVE RICHMOND, KY 40475	58-1485957	501C3	32,010.	0.			PROVIDING GRANT
FIRST NATIONS OWEESTA CORPORATION 2432 MAIN STREET, 1ST FLOOR LONGMONT, CO 80501	54-1970097	501C3	1,027,838.	0.			SUPPORT FOR THE PARTNERS FOR RURAL TRANSFORMATION PROGRAM
GOODWILL INDUSTRIES OF KENTUCKY, INC - 1325 SOUTH 4TH STREET - LOUISVILLE, KY 40208	61-0475284	501C3	38,701.	0.			PROVIDING BASIC NEEDS SERVICES FOR INDIVDUALS RECOVERING FROM SUD
HOMES, INC 65 BENTLEY AVENUE WHITESBURG, KY 41858	61-1060053	501C3	141,393.	0.			FLOOD/DISASTER RELIEF AND SUPPORT FOR BUSINESS LINES/PROJECTS THAT EMPLOY INDIVIDUALS
HOPE ENTERPRISE CORPORATION 4 OLD RIVER PLACE JACKSON, MS 39202	64-0851798	501C3	1,018,106.	0.			SUPPORT FOR THE PARTNERS FOR RURAL TRANSFORMATION PROGRAM
HOUSING DEVELOPMENT ALLIANCE (HDA) PO BOX 7284 HAZARD, KY 41702	61-1253346	501C3	168,950.	0.			FLOOD/DISASTER RELIEF AND SUPPORT FOR BUSINESS LINES/PROJECTS THAT EMPLOY INDIVIDUALS
JOHN B ADAMS STORE, INC 72 ISOM DRIVE ISOM, KY 41824	61-1046950		30,114.	0.			PROVIDING BASIC NEEDS SERVICES FOR INDIVDUALS RECOVERING FROM SUD
KENTUCKY RIVER COMMUNITY CARE (KRCC) - PO BOX 794 - JACKSON, KY 41339	31-0965230	501C3	26,135.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINGSPORT HOUSING & REDEVELOPMENT AUTHORITY (KHRA) - 906 E SEVIER AVE - KINGSPORT, TN 37660	62-6001581	501C3	22,500.	0.			GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL
MAJORS & MINORS AUTO REPAIR LLC 1500 EAST MAIN STREET RICHMOND, KY 40475			7,785.	0.			PROVIDING GRANT
MARY'S SAFE HAVEN TRANSITIONAL HOUSING - 100 AUTUMN LANE - GEORGETOWN, KY 40324	83-0826432	501C3	8,950.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
MEINEKE CAR CAR (PARC AUTO,LLC) 4172 BARDSTOWN ROAD LOUISVILLE, KY 40218	92-2817125		10,765.	0.			PROVIDING AUTO REPAIR SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
MNI SOTA FUND 817 5TH AVENUEUNIT 400 MINNEAPOLIS, MN 55404	45-3579582	501C3	25,000.	0.			PROVIDING GRANT
NACDC FINANCIAL SERVICES, INC. P.O. BOX 3029 BROWNING, MT 59417	27-3156259	501C3	25,000.	0.			PROVIDING GRANT
NEW BEGINNINGS (SARHANNA PROPERTIES) - 73 CAVALIER BLVDSUITE 203 - FLORENCE, KY 41042			14,830.	0.			PROVIDING GRANT
NEW FOUNDATIONS COMMUNITY HOUSING 167 E MCMILLAN ST CINCINNATI, OH 45219	45-2211778	501C3	113,097.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OPEN DOOR COMMUNITY (HELPING OVERCOME POVERTY'S EXISTENCE) - 680 W MAIN STREET - WYTHEVILLE, VA 24382-0743	54-1630342	501C3	22,500.	0.			GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OXFORD HOUSE (KENTUCKY) 1010 WAYNE AVENUE, SUITE 300 SILVER SPRING, MD 20910	52-1582231	501C3	585,329.	0.			PROVIDING GRANT
PARTNERSHIP HOUSING PO BOX 236 BOONEVILLE, KY 41314	61-1486773	501C3	114,502.	0.			DISASTER RELIEF GRANT
RANDY'S AUTOMOTIVE 319 MAIN ST BEATTYVILLE, KY 41311			6,833.	0.			PROVIDING GRANT
RURAL COMMUNITY ASSISTANCE CORPORATION (RCAC) - 3120 FREEBOARD DRIVE, SUITE 201 - WEST SACRAMENTO, CA 95691	94-2512284	501C3	1,026,049.	0.			SUPPORT FOR THE PARTNERS FOR RURAL TRANSFORMATION PROGRAM
SCOTT'S SERVICE CENTER - JOSH FLYNN - 499 HWY 931 S - WHITESBURG, KY 41858	61-1295761		8,900.	0.			PROVIDING AUTO REPAIR SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
SECOND HOPE MINISTRIES 12334 DOMINION WAY LOUISVILLE, KY 40299	47-1527592	501C3	5,775.	0.			PROVIDING GRANT
SEVEN COUNTIES SERVICES - CENTERSTONE - 10401 LINN STATION RD, SUITE 100 - LOUISVILLE, KY 40223	31-0939757	501C3	61,950.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
SMITH'S TIRE CENTER 306 RICHMOND RD N BEREA, KY 40403			5,831.	0.			PROVIDING GRANT
STEPPING STONES, LLC 821 KEENEWOOD DR LEXINGTON, KY 40504			58,800.	0.			PROVIDING GRANT

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STONE COAL TIRE & AUTO, LLC 1147 STONE COAL ROAD PIKEVILLE, KY 41501	85-3527601	501C3	24,361.	0.			PROVIDING AUTO REPAIR SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
TANK - TRANSIT AUTHORITY OF NORTHERN KENTUCKY - JOE RYAN - FORT WRIGHT, KY 41017	61-0734529	501C3	43,560.	0.			PROVIDING TRANSPORATION SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
THE COALITION FOR THE HOMELESS, INC - 1300 S. 4TH STREET, STE 250 - LOUISVILLE, KY 40208	61-1118307	501C3	67,500.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
THE LEGACY HOUSE LLC 134 N.BROADWAY GEORGETOWN, KY 40324			96,835.	0.			PROVIDING GRANT
TOTAL AUTO SERVICE, LLC 101 N. CUMBERLAND AVENUE HARLAN, KY 40831			7,600.	0.			PROVIDING GRANT
TRANSITIONS, INC 535 W. PIKE ST COVINGTON, KY 41011	61-0707125	501C3	75,066.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
TURNER BROTHERS JAMES A. TURNER501 COMBS RD HAZARD, KY 41701	61-1394617		20,562.	0.			PROVIDING AUTO REPAIR SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
WOMEN IN CIRCLE INC 1624 S PRESTON ST LOUISVILLE, KY 40217	27-3392330	501C3	18,933.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FAHE MANAGES GRANTS ACCORDING TO THE REQUIREMENT OF THE GRANT AGREEMENT

UTILITIZING A SEPARATE PROJECT TRACKING MODEL IN THEIR FINANCIAL SOFTWARE

AS WELL AS KEEPING A FILE FOR EACH GRANT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: APPALACHIA SERVICE PROJECT (ASP)

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR PARTICIPATION IN SEVERAL

HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL FUNDS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

APPALACHIAN COMMUNITY ACTION AGENCY (APPCAA)

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL FUNDS

NAME OF ORGANIZATION OR GOVERNMENT:

BRISTOL REDEVELOPMENT & HOUSING AUTHORITY (BRHA)

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: CHRISTIAN APPALACHIAN PROJECT (CAP)

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: CLINCH-POWELL RC&D

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: EASTERN EIGHT CDC (E8)

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL FUNDS

NAME OF ORGANIZATION OR GOVERNMENT: HOMES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: FLOOD/DISASTER RELIEF AND SUPPORT FOR BUSINESS LINES/PROJECTS THAT EMPLOY INDIVIDUALS RECOVERING FROM SUD

NAME OF ORGANIZATION OR GOVERNMENT: HOUSING DEVELOPMENT ALLIANCE (HDA)

Part IV **Supplemental Information**

(H) PURPOSE OF GRANT OR ASSISTANCE: FLOOD/DISASTER RELIEF AND SUPPORT FOR BUSINESS LINES/PROJECTS THAT EMPLOY INDIVIDUALS RECOVERING FROM SUD

NAME OF ORGANIZATION OR GOVERNMENT:

KINGSPORT HOUSING & REDEVELOPMENT AUTHORITY (KHRA)

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL FUNDS

NAME OF ORGANIZATION OR GOVERNMENT:

OPEN DOOR COMMUNITY (HELPING OVERCOME POVERTY'S EXISTENCE)

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL FUNDS

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.

Employer identification number: 31-0986871

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JIM KING	(i)	227,592.	350.	4,154.	32,435.	8,333.	272,864.	0.
CEO AND PRESIDENT OF BOARD	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARA MORGAN	(i)	164,264.	350.	0.	21,304.	9,304.	195,222.	0.
PRESIDENT OF FAHE, VICE PRESIDENT OF	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOSE QUINONEZ	(i)	112,518.	0.	53,341.	0.	0.	165,859.	0.
OUTGOING CHIEF OPERATIONS AND STRAT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRITTNEY MURPHY	(i)	138,631.	350.	0.	5,033.	9,304.	153,318.	0.
CFO AND TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINES 4A-B:

LINE 4A:

JOSE QUINONEZ: $37,080

LINE 4B:

JIM KING: $23,251

SARA MORGAN: $15,834

PART I, LINE 7:

AMOUNT INCLUDED ON PART II, B(II), REPRESENTS BONUSES THAT WAS APPROVED BY THE COMPENSATION COMMITTEE. AMOUNT IS INCLUDED IN THE INDIVIDUAL'S W-2.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.

Employer identification number: 31-0986871

Part I Excess Benefit Transactions

(section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
(1) SARA MORGAN	OFFICER	COMMUNIT	X		10,000.	10,000.		X		X	X	
(2) PAULA & LARRY	OFFICER'	COMMUNIT	X		150,000.	150,000.		X		X	X	
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						$ 160,000.						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

LHA 332131 11-06-23

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: SARA MORGAN

(C) PURPOSE OF LOAN: COMMUNITY LOAN FUND

(A) NAME OF PERSON: PAULA & LARRY WITHERS

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER'S PARENTS

(C) PURPOSE OF LOAN: COMMUNITY LOAN FUND

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND A THRIVING APPALACHIA THROUGH EXPANDING ECONOMIC OPPORTUNITY AND SECURITY FOR ALL. AS LEADERS WE SPEAK WITH A UNIFIED VOICE TO INFLUENCE POLICY, PHILANTHROPY, AND SYSTEMS CHANGE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAHE MAKES A DIFFERENCE BY PROVIDING OPPORTUNITIES TO THE APPALACHIAN REGION, WHICH HAS HISTORICALLY BEEN ONE OF THE MOST IMPOVERISHED IN THE NATION. THESE OPPORTUNITIES POSITIVELY CHANGE THE LIVES OF OVER 80,000 INDIVIDUALS ANNUALLY BY CONNECTING OTHER NON-PROFITS, COMMUNITIES, AND INDIVIDUALS WITH THE RESOURCES THEY NEED TO CREATE BETTER LIVES. THESE RESOURCES INCLUDE FUNDING, PARTNERSHIP, EDUCATION, ADVOCACY, AND CONSULTING. OUR EFFORTS EMPOWER FAMILIES TO TAKE THE STEPS NEEDED TO BUY A HOME, START A BUSINESS, OR ACCESS ESSENTIAL SERVICES FOR THEIR COMMUNITIES. THE PRIMARY WAY IN WHICH FAHE IS ABLE TO SERVE THE REGION SO EFFECTIVELY IS DUE TO ITS MEMBERSHIP NETWORK. WITH 50+ LOCAL NON-PROFIT ORGANIZATIONS ACROSS 6 STATES SERVING AS BOOTS-ON-THE-GROUND COMMUNITY LIAISONS, FAHE IS ABLE TO LEVERAGE ITS EXPERTISE THROUGH LOCAL PARTNERS TO AFFECT CHANGE TO THOSE IN LOCATIONS WHERE TRADITIONAL MARKETS HAVE FAILED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MORTGAGE LENDING - JUSTCHOICE LENDING (JCL) IS A FULL-SERVICE MORTGAGE LENDER THAT STRENGTHENS COMMUNITIES BY CREATING SUCCESSFUL HOMEOWNERS. JUSTCHOICE WAS THE FIRST NONPROFIT THIRD PARTY ORIGINATOR FOR FREEDOM AND HAS BEEN INSTRUMENTAL IN CREATING A NATIONAL NONPROFIT PACKAGING

Name of the organization FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.

Employer identification number 31-0986871

SYSTEM FOR USDA RURAL DEVELOPMENT 502 DIRECT LOANS.

EXPENSES $ 0. INCLUDING GRANTS OF $ 0. REVENUE $ 10,860.

MEMBERSHIP - THE MEMBERSHIP TEAM STRENGTHENS OUR NETWORK BY CONNECTING THE MEMBERS TO EACH OTHER AND TO FAHE'S EXPERTISE AND SERVICES. FAHE'S 50+ MEMBERS IN THE APPALACHIAN PORTION OF KENTUCKY, TENNESSEE, WEST VIRGINIA, VIRGINIA, ALABAMA, AND MARYLAND GET ACCESS TO SPECIALIZED TRAINING, INFORMATION SHARING, FINANCIAL RESOURCES, AND A STRONGER COMBINED POLITICAL VOICE THAT SUPPORTS POSITIVE CHANGE IN THEIR COMMUNITIES.

EXPENSES $ 1,070,967. INCLUDING GRANTS OF $ 0. REVENUE $ 56,079.

LOAN SERVICING - FAHE LOAN SERVICING EMPHASIZES QUALITY CUSTOMER CARE AND PERSONALIZED ACCOUNT MANAGEMENT ON THE MORTGAGES WE SERVICE FOR FAHE, OUR PARTNERS, AND OUR BORROWERS. DURING THE YEAR ENDED JUNE 30, 2023, FAHE SERVICED 4,140 LOANS. - FOLLOWING IS A LIST OF STATES WHERE EITHER JCL OR LOAN SERVICING (IN SOME STATES BOTH) ARE LICENSED TO CONDUCT BUSINESS; KENTUCKY, TENNESSEE, INDIANA, FLORIDA, MISSISSIPPI, VIRGINIA, WEST VIRGINIA, MAINE, MICHIGAN, HAWAII, MINNESOTA, SOUTH CAROLINA, ILLINOIS, AND ALABAMA."

EXPENSES $ 1,285,553. INCLUDING GRANTS OF $ 0. REVENUE $ 528,895.

FORM 990, PART VI, SECTION A, LINE 6:

FAHE WORKS WITH 50+ MEMBER NONPROFIT ORGANIZATIONS ACROSS THE APPALACHIAN PORTION OF KENTUCKY, TENNESSEE, WEST VIRGINIA, VIRGINIA, ALABAMA, AND MARYLAND TO COMPLETE THEIR MISSION OF ELIMINATING PRESISTENT POVERTY IN APPALACHIA.

Name of the organization FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.

Employer identification number 31-0986871

FORM 990, PART VI, SECTION A, LINE 7A:

ALL MEMBERS HAVE EQUAL RIGHTS IN VOTING ON FAHE'S BY LAWS AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

AN ELECTRONIC COPY OF THE RETURN WAS EMAILED TO MANAGEMENT FOR REVIEW AND APPROVAL. ONCE APPROVED BY MANAGEMENT THE ELECTRIONIC COPY WAS SUBMITTED TO THE FINANCE COMMITTEE AND THE ENTIRE BOARD OF DIRECTORS FOR REVIEW BEFORE FINAL SUBMISSION TO THE SERVICE. APPROVAL. ONCE APPROVED BY MANAGEMENT THE ELECTRIONIC COPY WAS SUBMITTED TO THE FINANCE COMMITTEE AND THE ENTIRE BOARD OF DIRECTORS FOR REVIEW BEFORE FINAL SUBMISSION TO THE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS AND OFFCIERS ARE REQUIRED TO PERIODICALLY COMPLETE A NEW CONFLICT OF INTEREST DISCLOSURE. THE DISCLOSURE IS COMPELTED AND MONITORED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION REGULARLY REVIEWS A COMPENSATION SURVEY PUBLISHED BY NEIGHWORKS AMERICA WHEN MAKING SALARY DECISIONS FOR THE EXECUTIVE DIRECTOR. THE ORGANIZATION ALSO REVIEWS INDUSTRY SCHEDULES FROM OPPORTUNITY FINANCE NETWORK.

THE ORGANIZATION REGULARLY REVIEWS A COMPENSATION SURVERY PUBLISHED BY NEIGHBORWORKS AMERICA WHEN MAKING SALARY DECISIONS FOR THE OTHER OFFICERS AND KEY EMPLOYEES WHEN AVAILABLE. FAHE HAS ALSO HIRED A COMPENSATION ANALYSIS FIRM TO PROVIDE MARKET DATA FOR ALL HIRES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

Name of the organization FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.

Employer identification number 31-0986871

AR,CA,CO,CT,DC,FL,IL,KY,MD,MA,MN,MS,NJ,NY,NC,OH,TN,TX,VA,VA

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CUMULATIVE EFFECT ADJ AS A RESULT OF THE ADOPTION OF ASC 326 -273,887.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.

Employer identification number: 31-0986871

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
FAHE CAPITAL CORPORATION I - 61-1386668 319 OAK STREET BEREA, KY 40403	LIH PROJECT	KENTUCKY	0.	0.	FAHE
FAHE CONSULTING, LLC - 20-8247186 319 OAK STREET BEREA, KY 40403	CONSULTING	KENTUCKY	0.	0.	FAHE
FAHE HOLDING COMPANY, LLC - 83-1217467 319 OAK STREET BEREA, KY 40403	PROP. MGMT.	KENTUCKY	66,332.	834,988.	FAHE
FAHE TN, LLC - 46-1677318 319 OAK STREET BEREA, KY 40403	FIN. FAC.	TENNESSEE	18,505.	3,604,222.	FAHE

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	(g) Section 512(b)(13) controlled entity? No

Part I **Continuation of Identification of Disregarded Entities**

(a) Name, address, and EIN 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
PARK COMMUNITY, LLC - 81-0757183 319 OAK STREET BEREA, KY 40403	LENDING	TENNESSEE	297,561.	7,059,978.	FAHE

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No

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

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1 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?				
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**			
b Gift, grant, or capital contribution to related organization(s)	**1b**			
c Gift, grant, or capital contribution from related organization(s)	**1c**			
d Loans or loan guarantees to or for related organization(s)	**1d**			
e Loans or loan guarantees by related organization(s)	**1e**			
f Dividends from related organization(s)	**1f**			
g Sale of assets to related organization(s)	**1g**			
h Purchase of assets from related organization(s)	**1h**			
i Exchange of assets with related organization(s)	**1i**			
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**			
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**			
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**			
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**			
o Sharing of paid employees with related organization(s)	**1o**			
p Reimbursement paid to related organization(s) for expenses	**1p**			
q Reimbursement paid by related organization(s) for expenses	**1q**			
r Other transfer of cash or property to related organization(s)	**1r**			
s Other transfer of cash or property from related organization(s)	**1s**			

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) NO	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.