

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: C Name of organization: FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC. D Employer identification number: 31-0986871
E Telephone number: 859-986-2321
G Gross receipts \$: 24,889,325.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.FAHE.ORG
K Form of organization:
L Year of formation: 1980
M State of legal domicile: KY

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature of officer: BRITTNEY MURPHY, CFO/TREASURER
Preparer: LORI ROTHE YOKOBOSKY, CPA
Firm: COHNREZNICK LLP

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

FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
**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  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 10,906,131. including grants of \$ 7,769,568. ) (Revenue \$ 50,522. )  
**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 \$ 2,318,994. including grants of \$ ) (Revenue \$ 3,162,720. )  
**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 \$ 1,783,357. including grants of \$ ) (Revenue \$ 691,020. )  
**HOME 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 SYSTEM FOR USDA RURAL DEVELOPMENT 502 DIRECT LOANS.**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 3,154,514. including grants of \$ ) (Revenue \$ 1,153,361. )

4e Total program service expenses 18,162,996.

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**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)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i> .....		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i> .....		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<input checked="" type="checkbox"/>	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	
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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input checked="" type="checkbox"/>	

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

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

**Note:** All Form 990 filers are required to complete Schedule O

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

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		98
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	15	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	15	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AR, CA, CO, CT, DC, FL, IL, KY, MD, MN, MI, NJ
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**BRITTNEY MURPHY - 859-986-2321**  
**319 OAK STREET, BEREA, KY 40403**

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**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 PRESIDENT/CEO	40.00			X			196,007.	0.	41,436.	
(2) SARA MORGAN VICE PRESIDENT OF BOARD	40.00			X			144,387.	0.	24,403.	
(3) JOSE QUINONEZ CHIEF OPERATIONS AND STRAT	40.00				X		148,171.	0.	5,908.	
(4) BRITTNEY MURPHY CFO AND TREASURER	40.00			X			133,754.	0.	16,068.	
(5) PAM JOHNSON SVP OF INNOVATION	40.00				X		130,879.	0.	17,091.	
(6) LAURA MEADOWS VICE PRESIDENT OF BOARD	40.00			X			128,183.	0.	15,373.	
(7) RUSSELL J ESTRIDGE SVP OF DEVELOPMENT	40.00				X		116,309.	0.	15,101.	
(8) ALEX DADOK OUTGOING EVP OF ADVOCACY	40.00			X			119,637.	0.	11,712.	
(9) SARA BALL SECRETARY OF BOARD	40.00			X			58,515.	0.	9,069.	
(10) ADAM DICKSON AT LARGE SEAT	1.00	X					0.	0.	0.	
(11) ANDY KEGLEY VA CAUCUS REPRESENTATIVE	1.00	X					0.	0.	0.	
(12) ARON BOLDOG AL CAUCUS REPRESENTATIVE	1.00	X					0.	0.	0.	
(13) CHRISTAL CROUSO WV CAUCUS REPRESENTATIVE	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) DREAMA GENTRY OUTGOING AT LARGE SEAT	1.00	X					0.	0.	0.	
(17) EMILY WILSON-HAUGER WV CAUCUS REPRESENTATIVE	1.00	X					0.	0.	0.	

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**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) JACKIE MAYO CHAIRPERSON OF BOARD, TN CAUCUS	1.00	X		X				0.	0.	0.
(19) JAKE POWELL 2ND VICECHAIR VA CAUCUS REPRESENTATI	1.00	X						0.	0.	0.
(20) JEFF MOSLEY AT LARGE SEAT	1.00	X						0.	0.	0.
(21) JOSEPH BELDEN OUTGOING AT LARGE SEAT	1.00	X						0.	0.	0.
(22) LINA PAGE AT LARGE SEAT	1.00	X						0.	0.	0.
(23) LINDY TURNER TN CAUCUS REPRESENTATIVE	1.00	X						0.	0.	0.
(24) MARY ELLEN JUDAH AL CAUCUS REPRESENTATIVE	1.00	X						0.	0.	0.
(25) SCOTT MCREYNOLDS VICE CHAIRPERSON OF BOARD	1.00	X		X				0.	0.	0.
(26) SETH LONG KY CAUCUS REPRESENTATIVE	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,175,842.	0.	156,161.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,175,842.	0.	156,161.

**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 8

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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
VACO LLC, 5501 VIRGINIA WAY, SUITE 120, BRENTWOOD, TN 37027	TEMP. STAFFING SERVICES	110,495.
BROWNCOW TECHNOLOGY LTD 4346 THORNVIEW DRIVE, MORROW, OH 45152	IT SERVICES	100,465.

**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

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>	26,400.				
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	4,044,986.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	15,482,622.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....		19,554,008.				
Program Service Revenue	<b>2 a</b> MORTGAGE AND NOTE INTEREST	Business Code					
		900099	3,230,307.	3,230,307.			
	<b>b</b> FEES ADM SERVICE CHARGES	900099	1,414,017.	1,414,017.			
	<b>c</b> GAIN ON ACQUISITION OF ASSETS	900099	280,738.	280,738.			
	<b>d</b> GAIN ON SALE OF LOANS	900099	127,062.	127,062.			
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		5,052,124.					
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		277,694.			277,694.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		271.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>		-271.			
<b>d</b> Net gain or (loss) .....			-271.		-271.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....	900099	5,499.	5,499.			
	<b>e Total.</b> Add lines 11a-11d .....		5,499.				
<b>12 Total revenue.</b> See instructions .....		24,889,054.	5,057,623.	0.	277,423.		

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**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	7,769,568.	7,769,568.		
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	909,579.	782,198.	38,640.	88,741.
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	4,766,636.	4,099,093.	202,493.	465,050.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	105,223.	90,487.	4,470.	10,266.
9 Other employee benefits	764,582.	657,506.	32,480.	74,596.
10 Payroll taxes	430,103.	369,869.	18,271.	41,963.
11 Fees for services (nonemployees):				
a Management				
b Legal	104,181.	61,302.	15,819.	27,060.
c Accounting	48,231.	28,380.	7,323.	12,528.
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.)	1,075,094.	866,718.	48,353.	160,023.
12 Advertising and promotion	49,649.	46,639.	1,413.	1,597.
13 Office expenses	328,539.	298,717.	15,853.	13,969.
14 Information technology	122,787.	106,344.	11,142.	5,301.
15 Royalties				
16 Occupancy	56,090.	35,057.	20,041.	992.
17 Travel	90,957.	67,919.	9,727.	13,311.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	197,391.	183,114.	4,752.	9,525.
20 Interest	1,644,979.	1,639,965.	3,757.	1,257.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	192,711.	164,262.	21,337.	7,112.
23 Insurance	69,310.	55,347.	10,434.	3,529.
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 <b>KY HOME PROGRAM RECAPTU</b>	542,748.	542,748.		
b <b>EQUIPMENT &amp; MAINTENANCE</b>	150,291.	118,358.	20,189.	11,744.
c <b>LICENSES, FEES &amp; PERMIT</b>	110,159.	88,410.	12,888.	8,861.
d <b>DUES, MEMBERSHIPS &amp; SUB</b>	60,496.	40,770.	6,128.	13,598.
e All other expenses	51,563.	50,225.	650.	688.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	19,640,867.	18,162,996.	506,160.	971,711.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,224,247.	<b>1</b>	7,084,638.
	<b>2</b> Savings and temporary cash investments .....	13,999,735.	<b>2</b>	23,223,361.
	<b>3</b> Pledges and grants receivable, net .....	821,266.	<b>3</b>	842,938.
	<b>4</b> Accounts receivable, net .....	1,213,711.	<b>4</b>	1,217,881.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	80,083,207.	<b>7</b>	78,308,254.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	254,355.	<b>9</b>	112,276.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,768,999.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,794,033.		
	<b>11</b> Investments - publicly traded securities .....	112,400.	<b>11</b>	112,400.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	130,275.	<b>12</b>	147,967.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	182,309.	<b>14</b>	138,952.
	<b>15</b> Other assets. See Part IV, line 11 .....	781,241.	<b>15</b>	825,557.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	106,776,784.	<b>16</b>	114,989,190.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	775,023.	<b>17</b>	943,553.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,079,844.	<b>19</b>	2,500.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	1,081,848.	<b>21</b>	801,911.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	160,000.	<b>22</b>	160,000.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	61,468,850.	<b>23</b>	65,500,001.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	4,472,487.	<b>25</b>	4,530,430.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	69,038,052.	<b>26</b>	71,938,395.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	22,471,065.	<b>27</b>	30,404,675.
	<b>28</b> Net assets with donor restrictions .....	15,267,667.	<b>28</b>	12,646,120.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	37,738,732.	<b>32</b>	43,050,795.
	<b>33</b> Total liabilities and net assets/fund balances .....	106,776,784.	<b>33</b>	114,989,190.

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,889,054.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,640,867.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,248,187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37,738,732.
5	Net unrealized gains (losses) on investments	5	63,876.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	43,050,795.

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____	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 _____	X	

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

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

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3626800.	8158522.	7470856.	13253337.	19554008.	52063523.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	3538432.	3954085.	4855827.	4690128.	5052124.	22090596.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	7165232.	12112607.	12326683.	17943465.	24606132.	74154119.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....	1003903.	306,199.	860,802.	65,772.		2236676.
<b>c</b> Add lines 7a and 7b .....	1003903.	306,199.	860,802.	65,772.		2236676.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						71917443.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....	7165232.	12112607.	12326683.	17943465.	24606132.	74154119.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	47,076.	27,265.	8,336.	10,522.	277,694.	370,893.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	47,076.	27,265.	8,336.	10,522.	277,694.	370,893.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	627,679.	723,139.	131,209.	865.	5,499.	1488391.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	7839987.	12863011.	12466228.	17954852.	24889325.	76013403.

**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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	94.61 %
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	90.43 %

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.49 %
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	.17 %

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
<b>1</b>		

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

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

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

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

FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.

**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

2018 AMOUNT: \$ 627,679.

2019 AMOUNT: \$ 723,139.

2020 AMOUNT: \$ 131,209.

2021 AMOUNT: \$ 865.

2022 AMOUNT: \$ 5,499.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization <b>FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.</b>	Employer identification number <b>31-0986871</b>
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Organization type (check one):

**Filers of:**

**Section:**

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

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.</b>	Employer identification number 31-0986871
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 194,252.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 205,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,070,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.</b>	Employer identification number 31-0986871
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,292,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 74,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 43,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 12,280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 37,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.</b>	Employer identification number <b>31-0986871</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>14,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>21,204.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>87,305.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>874,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>74,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.</b>	Employer identification number 31-0986871
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 880,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 74,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 424,327.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 69,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.</b>	Employer identification number <b>31-0986871</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ <u>19,685.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.</b>	Employer identification number <b>31-0986871</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization <b>FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.</b>	Employer identification number <b>31-0986871</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.

FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.

**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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
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? <input type="checkbox"/> | 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.	1,059,368.	2,368,836.
c Leasehold improvements				
d Equipment		1,210,662.	734,665.	475,997.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>2,974,966.</b>

**FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.**

Schedule D (Form 990) 2022

31-0986871 Page **3**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**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) <b>EQUITY EQUIVALENT</b>	4,000,000.
(3) <b>CLIENT ADANCE &amp; DEPOSIT</b>	58,866.
(4) <b>DEFERRED COMPENSATION</b>	457,128.
(5) <b>LEASE LIABILITY</b>	14,436.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,530,430.

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

Schedule D (Form 990) 2022

FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.

**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	24,952,930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	63,876.	
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	63,876.	
3	Subtract line 2e from line 1		3	24,889,054.
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	24,889,054.

**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	19,640,867.
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	19,640,867.
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	19,640,867.

**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).

**Part XIII** Supplemental Information *(continued)*

THE ORGANIZATION IS NOT AWARE OF ANY UNCERTAIN TAX 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 2019.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **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? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
APPALACHIA SERVICE PROJECT (ASP) 4523 BRISTOL HIGHWAY JOHNSON CITY, TN 37601	62-0989383	501C3	60,000.	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	23,300.	0.			GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL
AUTO EXPRESS AUTO SALES, LLC PO BOX 952 PRESTONSBURG, KY 41653	61-1368674	501C3	5,290.	0.			PROVIDING AUTO REPAIR SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
BEACON HOUSE AFTERCARE, INC. 963 SOUTH 2ND STREET LOUISVILLE, KY 40203	31-1497608	501C3	35,668.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
BRIGHT OUTLOOK RECOVERY, LLC 26 VON ZUBEN COURT FORT THOMAS, KY 41075	81-0690610		33,830.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **72.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **8.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.

Schedule I (Form 990)

31-0986871

Page 1

**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
CHRISTIAN APPALACHIAN PROJECT (CAP) - 485 PONDEROSA DRIVE - PAINTSVILLE, KY 41240	61-0661137	501C3	45,000.	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	22,898.	0.			GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL
COAP PO BOX 1617 HARLAN, KY 40831	31-1095116	501C3	7,500.	0.			GRANT FOR HOUSING SUBSIDY
COMMUNITIES UNLIMITED, INC 3 EAST COLT SQUARE DRIVE FAYETTEVILLE, AR 72703	71-0464321	501C3	1,161,148.	0.			SUPPORT FOR THE PARTNERS FOR RURAL TRANSFORMATION PROGRAM
COMMUNITY DEVELOPMENT CORP OF BROWNSVILLE (CDCB) - 901 E LEVEE - BROWNSVILLE, TX 78520	74-1835777	501C3	1,152,745.	0.			SUPPORT FOR THE PARTNERS FOR RURAL TRANSFORMATION PROGRAM
CV - COMMUNITY VENTURES 1450 N BROADWAY LEXINGTON, KY 40505	31-1064807	501C3	25,000.	0.			DISASTER RELIEF GRANT
EASTERN EIGHT CDC (E8) 3 LIMITED CENTRE JOHNSON CITY, TN 37604	62-1754514	501C3	22,700.	0.			GRANT FOR PARTICIPATION IN SEVERAL HEALTH/WELLNESS WORKING GROUPS AND ALSO TRAVEL
FAIRMONT-MORGANTOWN HOUSING AUTHORITY - 103 12TH STREET - FAIRMONT, VA 26555-2738	55-6011100	501C3	22,500.	0.			PROVIDING BROADBAND SERVICE AND TECHNOLOGY EDUCATION TO LOW-INCOME RESIDENTS IN PUBLIC
FIRST NATIONS OWEESTA CORPORATION 2432 MAIN STREET, 1ST FLOOR LONGMONT, CO 80501	54-1970097	501C3	1,151,356.	0.			SUPPORT FOR THE PARTNERS FOR RURAL TRANSFORMATION PROGRAM

Schedule I (Form 990)

FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.

Schedule I (Form 990)

31-0986871

Page 1

**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
GOODWILL INDUSTRIES OF KENTUCKY, INC - 1325 SOUTH 4TH STREET - LOUISVILLE, KY 40208	61-0475284	501C3	25,509.	0.			PROVIDING BASIC NEEDS SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
HOMES, INC 65 BENTLEY AVENUE WHITESBURG, KY 41858	61-1060053	501C3	231,572.	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	1,150,480.	0.			SUPPORT FOR THE PARTNERS FOR RURAL TRANSFORMATION PROGRAM
HOUSING DEVELOPMENT ALLIANCE (HDA) PO BOX 7284 HAZARD, KY 41702	61-1253346	501C3	183,768.	0.			FLOOD/DISASTER RELIEF AND SUPPORT FOR BUSINESS LINES/PROJECTS THAT EMPLOY INDIVIDUALS
JEFF BRANDENBURG 301 MAIN STREET BEATTYVILLE, KY 41311	40-5963325		7,500.	0.			PROVIDING HOUSING REPAIR SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
JOHN B ADAMS STORE, INC 72 ISOM DRIVE ISOM, KY 41824	61-1046950		25,687.	0.			PROVIDING BASIC NEEDS SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
KENTUCKY MOUNTAIN HEALTH ALLIANCE, INC. - 279 EAST MAIN STREET - HAZARD, KY 41701	61-1355382	501C3	19,500.	0.			PROVIDING DENTAL SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
KENTUCKY RIVER COMMUNITY CARE (KRCC) - PO BOX 794 - JACKSON, KY 41339	31-0965230	501C3	12,461.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
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

Schedule I (Form 990)

FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.

Schedule I (Form 990)

31-0986871

Page 1

**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
MAINTENANCE MANAGEMENT SERVICES MICHAEL G. WHITEPO BOX 1315 HINDMAN, KY 41822	83-1962018		35,000.	0.			PROVIDING BOTH REPAIRS AND BASIC NEEDS SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
MARY'S SAFE HAVEN TRANSITIONAL HOUSING - 100 AUTUMN LANE - GEORGETOWN, KY 40324	83-0826432	501C3	8,825.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
MAVERICK COOK, LLC - MAVERICK TIRE DEPOT - 6269 HWY 119 N - WHITESBURG, KY 41858	47-2015038		7,498.	0.			PROVIDING AUTO REPAIR SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
MEINEKE CAR CAR (PARC AUTO,LLC) 4172 BARDSTOWN ROAD LOUISVILLE, KY 40218	92-2817125		13,716.	0.			PROVIDING AUTO REPAIR SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
NEW FOUNDATIONS COMMUNITY HOUSING 167 E MCMILLAN ST CINCINNATI, OH 45219	45-2211778	501C3	101,741.	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
OXFORD HOUSE AMARE 1139 E KENTUCKY STREET LOUISVILLE, KY 40204	82-0608729	501C3	10,105.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE ANYA 1501 HERRS DALE CT LOUISVILLE, KY 40222	84-3608594	501C3	14,699.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE BLUEGRASS 304 BARNES MILL RD RICHMOND, KY 40475	86-3886964	501C3	13,870.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD

Schedule I (Form 990)

FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.

Schedule I (Form 990)

31-0986871

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**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 BOXFORD 9806 BOXFORD WAY LOUISVILLE, KY 40242	88-1815406	501C3	12,871.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE CANDLEBOX 109 FARMCREST COURT LAKESIDE PARK, KY 41017	87-2284784	501C3	7,650.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE CANTON 3620 DEIBEL WAY LOUISVILLE, KY 40220	85-3845690	501C3	7,760.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE CHEROKEE PARK 1210 RAY AVENUE LOUISVILLE, KY 40204	82-2948645	501C3	10,835.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE DEVI 3701 HUGHES RD LOUISVILLE, KY 40207	84-2596768	501C3	10,631.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE DREAMING 223 WINTON DR RICHMOND, KY 40475	87-0819840	501C3	19,754.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE ELLIE 424 WORTHINGTON PLACE RICHMOND, KY 40475	83-1675966	501C3	16,118.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE GLT 208 ERLANGER ROAD ERLANGER, KY 41018	84-5108946	501C3	8,860.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE IROQUOIS PARK 1013 E BRECKENRIDGE LOUISVILLE, KY 40204	81-1436278	501C3	8,490.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD

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OXFORD HOUSE JAYDEN 1208 SOUTH 1ST ST LOUISVILLE, KY 40203	86-3040496	501C3	7,420.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE KALI 3212 MID DALE LN LOUISVILLE, KY 40220	83-1109428	501C3	10,666.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE KARLEIGH 122 SALINGER DR GEORGETOWN, KY 40324	86-2482373	501C3	8,276.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE KENWOOD HILL 4015 HYCLIFFE AVE LOUISVILLE, KY 40207	81-2252566	501C3	11,712.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE KING 1011 KING ARTHUR LANE LOUISVILLE, KY 40222	84-3723414	501C3	9,575.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE LARKIN 801 S GRAND AVE FT THOMAS, KY 41075	83-2756187	501C3	7,480.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE LILY 1243 E BURNETT AVE LOUISVILLE, KY 40217	81-4582540	501C3	12,434.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE LOST RIVER 212 ABBEY WOOD DR WINCHESTER, KY 40391	83-3166197	501C3	7,058.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE MASSIE 3907 MASSIE AVE LOUISVILLE, KY 40207	87-1788199	501C3	8,169.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD

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(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 MIDDLETOWN 112 W. 32ND STREET COVINGTON, KY 41015	83-2211900	501C3	7,624.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE MOYO 4217 SOUTHERN PARKWAY LOUISVILLE, KY 40214	82-3732134	501C3	10,616.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE NYX 241 BRITTANY CIRCLE RICHMOND, KY 40475	88-3434994	501C3	12,943.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE OAKS 2905 DUNDEE RD LOUISVILLE, KY 40205	82-1641643	501C3	5,250.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE OHANA PARK 1901 EMERSON AVE LOUISVILLE, KY 40205	83-3513886	501C3	12,865.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE OLD LOUISVILLE 1244 S 1ST ST LOUISVILLE, KY 40203	83-3042995	501C3	12,915.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE PENELOPE 4506 SOUTH 6TH ST LOUISVILLE, KY 40214	83-2548602	501C3	13,260.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE PLYMOUTH 105 BLUE FIELDS ROAD LOUISVILLE, KY 40223	85-3848966	501C3	10,667.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE POINT OF FREEDOM 106 16TH STREET NEWPORT, KY 41071	01-0926236	501C3	8,785.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD

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(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 RAEGAN 701 BLUEGRASS AVENUE LOUISVILLE, KY 40215	82-3501657	501C3	6,367.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE ROE 1138 SAMUEL STREET LOUISVILLE, KY 40204	83-1155685	501C3	10,348.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE SHINING 119 W HICKMAN STREET WINCHESTER, KY 40391	88-2975175	501C3	13,013.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE SILA 247 APPLEWOOD DR LAKESIDE PARK, KY 41017	82-4002411	501C3	12,630.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE SOZO 3536 WINCHESTER RD LOUISVILLE, KY 40207	84-3259859	501C3	5,770.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE STURGILL 40 KATHRYN AVE FLORENCE, KY 41042	86-3810374	501C3	9,220.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE WAVERLY PARK 1229 HOLSWORTH LANE LOUISVILLE, KY 40222	82-4052092	501C3	10,650.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE WILLING 9007 HURSTWOOD CT LOUISVILLE, KY 40222	84-2998346	501C3	9,181.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
OXFORD HOUSE YANA 9414 TIVERTON COURT LOUISVILLE, KY 40242	81-3699970	501C3	14,763.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD

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**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
PARTNERSHIP HOUSING PO BOX 236 BOONEVILLE, KY 41314	61-1486773	501C3	70,000.	0.			DISASTER RELIEF GRANT
RURAL COMMUNITY ASSISTANCE CORPORATION (RCAC) - 3120 FREEBOARD DRIVE, SUITE 201 - WEST SACRAMENTO, CA 95691	94-2512284	501C3	1,154,950.	0.			SUPPORT FOR THE PARTNERS FOR RURAL TRANSFORMATION PROGRAM
SCOTT'S SERVICE CENTER - JOSH FLYNN - 499 HWY 931 S - WHITESBURG, KY 41858	61-1295761		5,986.	0.			PROVIDING AUTO REPAIR SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
SEVEN COUNTIES SERVICES - CENTERSTONE - 10401 LINN STATION RD, SUITE 100 - LOUISVILLE, KY 40223	31-0939757	501C3	54,650.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
STONE COAL TIRE & AUTO, LLC 1147 STONE COAL ROAD PIKEVILLE, KY 41501	85-3527601	501C3	5,966.	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	35,640.	0.			PROVIDING TRANSPORATION SERVICES FOR INDIVIDUALS RECOVERING FROM SUD
TENNESSEE COMMUNITY ASSISTANCE CORPORATION (TCAC) - 740 E MAIN ST - MORRISTOWN, TN 37814	62-1796161	501C3	7,700.	0.			GRANT FOR HOUSING SUBSIDY
THE COALITION FOR THE HOMELESS, INC - 1300 S. 4TH STREET, STE 250 - LOUISVILLE, KY 40208	61-1118307	501C3	38,750.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD
TRANSITIONS, INC 535 W. PIKE ST COVINGTON, KY 41011	61-0707125	501C3	76,505.	0.			PROVIDING HOUSING RENT PAYMENTS FOR INDIVIDUALS RECOVERING FROM SUD

Schedule I (Form 990)



FEDERATION OF APPALACHIAN HOUSING  
 ENTERPRISES, INC.

**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: FAIRMONT-MORGANTOWN HOUSING AUTHORITY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING BROADBAND SERVICE AND  
TECHNOLOGY EDUCATION TO LOW-INCOME RESIDENTS IN PUBLIC HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: HOMES, INC

**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: HOUSING DEVELOPMENT ALLIANCE (HDA)

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....

**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? .....

**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.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.

31-0986871

Schedule J (Form 990) 2022

**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 PRESIDENT/CEO	(i)	194,299.	984.	724.	29,651.	11,785.	237,443.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARA MORGAN VICE PRESIDENT OF BOARD	(i)	143,922.	465.	0.	13,062.	11,341.	168,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOSE QUINONEZ CHIEF OPERATIONS AND STRAT	(i)	147,707.	464.	0.	5,908.	0.	154,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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:

ALEX DADOK: \$17,267.21

LINE 4B:

JIM KING: \$19,875.77

SARA MORGAN: \$6,946.06

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)**

**Transactions With Interested Persons**

OMB No. 1545-0047

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.

**2022**

Attach to Form 990 or Form 990-EZ.

**Open To Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **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	No

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
SARA MORGAN	OFFICER	COMMUNIT	X		10,000.	10,000.		X		X	X	
PAULA & LARRY W	OFFICER'	COMMUNIT	X		150,000.	150,000.		X		X	X	
<b>Total</b> .....						\$ 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

SEE PART V FOR CONTINUATIONS



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

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

Schedule O (Form 990) 2022

Name of the organization	FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.	Employer identification number	31-0986871
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SYSTEM FOR USDA RURAL DEVELOPMENT 502 DIRECT LOANS.

EXPENSES \$ 1,134,882. INCLUDING GRANTS OF \$ 0. REVENUE \$ 423,872.

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 \$ 936,696. INCLUDING GRANTS OF \$ 0. REVENUE \$ 159,455.

"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 \$ 1,082,936. INCLUDING GRANTS OF \$ 0. REVENUE \$ 570,034.

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
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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 ELECTRONIC 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 ELECTRONIC 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.

Name of the organization <b>FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC.</b>	Employer identification number <b>31-0986871</b>
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AR, CA, CO, CT, DC, FL, IL, KY, MD, MN, MI, NJ, NY, NC, OH, RI, TN, UT, VA

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

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

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

OMB No. 1545-0047

**2022**

**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.	923,238.	FAHE
FAHE TN, LLC - 46-1677318 319 OAK STREET BEREA, KY 40403	FIN. FAC.	TENNESSEE	24,771.	3,871,588.	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	No

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

Schedule R (Form 990) 2022





**FEDERATION OF APPALACHIAN HOUSING  
ENTERPRISES, INC.**

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

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

**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?

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

**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
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



