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Return of Organization Exempt From Income Tax

2016 Open to Public Inspection

Form 990 Decartment of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. *

	nal Revenue Service	F INTO-INCEGIT GEOGLE ON THE LEG THOUGH OF GET THE PARTY OF THE PARTY		1 1.)//	// Inspection
<u>A</u>	For the 2016 of	alendar year, or tax year beginning $09/01/16$, and ending $08/31/16$	17		
В	Check if applicable	C Name of organization		D Employer	identification number
	Address change	HORSE CAVE DEVELOPMENT CORPORATION		1	
	Name change	Doing business as	I Beenfourte	20-3	758039
ā	Initial return	Number and street (or P O box if mail is not delivered to street address) C/O FOWLER DURHAM CPA'S PO BOX 338	Room/suite		786-2562
H	Final return/	City or town, state or province, country, and ZIP or foreign postal code	<u> </u>		
片	terminated	MUNFORDVILLE KY 42765		G Gross rece	espts\$ 3,600
\sqsubseteq	Amended return	F Name and address of principal officer			
Ш	Application pending	KENNETH RUSSELL	H(a) Is this a gr	oup return for su	ibordinates? Yes X No
		103 WATER STREET	H(b) Are all su	bordinates inclu	ided? Yes No
		HORSE CAVE KY 42749	If "No	," attach a list. ((see instructions)
1_	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527/	_		
آ ٽ	Website > N	/A		emption numbe	
K	Form of organization		Year of formation 2	2006	M State of legal domicile KY
<u> </u>		ımmary \			
G	1	escribe the organization's mission or most significant activities			
္ပစ္ဆ	TO E	NGAGE IN ALL ASPECTS OF REVITALIZATION AND DEVELOR	MENT OF H	ISTORIC	CAL
Tar.	AND	COMMERCIAL AREAS OF HORSE CAVE, KY			
Š	0 0 0 0 0 0 0 0)E0/ of the most on-	4-	
Activities & Governance	2 Check th	is box \(\bigstyle \bigstyle \left\) if the organization discontinued its operations or disposed of more than 2	:5% of its fiet as	1 1	7
(0)	4 Number	of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)		3 4	0
19	5 Total pur	nber of individuals employed in calendar year 2016 (Part V, line 13)		5	0
15	6 Total nur	nber of volunteers (estimate if necessary)		6	0
X	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0
		ated business taxable income from Form 990-T, line 34		7b	0
			Prior Ye	ear	Current Year
9	8 Contribut	ions and grants (Part VIII, line 1th)			0
Revenue	9 Program	service revenue (Part VIII, line 2g)		5,200	3,600
8	10 Investme	int income (Partivilly column (A)) lines 3, 4, and 7d)			0
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,200	3,600
		enue addines 8 through (10 must equal Part VIII, column (A), line 12) nd similar amounts paidi(Part IX, column (A), lines 1–3)		3,200	3,800
		paid to or for members (Part IX, column (A), line 4)			0
	l	other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
Expenses	16a Profession	anal fundraising fees (Part IX, column (A), line 11e)			0
ρě	b Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0			
m	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,643	8,476
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		8,643	8,476
		less expenses Subtract line 18 from line 12		3,443	-4,876
Net Assets or Fund Balances			Beginning of Cu		End of Year
Sset	20 Total ass	ets (Part X, line 16)		7,628	129,033 187,647
A P	21 Total liab	vilities (Part X, line 26)		3,738	-58,614
A 107		ts or fund balances Subtract line 21 from line 20		13,136	-30,014
		perjury, I declare that have examined this return including accompanying schedules and staten	nents and to the l	nest of my kn	owledge and helief it is
tr	ue, correct, and c	omplete Declaration of preparer (other than officer) is based on all information of which preparer	has any knowled	lge	orriodge and boller, it is
_		+ Currett & results			
Sig	an 📗 🖥	signature of officer	-	Date	
He		KENNETH RUSSELL PRES	IDENT		
_	1 -	ype or print name and title			
		e preparer's name Preparer's signature	Date	Check	d PTIN
Pai	0222			4/17 self-em	
	parer Firm's na		LLC	Firm's EIN	30-0036072
Use	e Only	PO BOX 338	ļ		050 504 0005
	Firm's ad			Phone no	270-524-0035
		ss this return with the preparer shown above? (see instructions)			X Yes No
For DAA		uction Act Notice, see the separate instructions.	924	,	Form 990 (2016)

Form		ELOPMENT CORPORATION	20-3758039	Page 2
Pa		Service Accomplishments		
1	Briefly describe the organization's mission	ntains a response or note to any lin	ie in this Part III	<u> </u>
		" CTS OF REVITALIZATIO	N AND DEVELOPMENT OF	HISTORICAL
	ND COMMERCIAL AREAS			nabi victorii ,
		• • • • • • • • • • • • • • • • • • • •	•	••
	· · ·	·	·	
2	Did the organization undertake any signi	ficant program services during the year wh	ich were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on			
	_	r make significant changes in how it cond	ucts, any program	□., •
	services? If "Yes," describe these changes on Sch			Yes X No
		rice accomplishments for each of its three	largest program capitoes as measured by	
		4) organizations are required to report the	- · ·	•
	the total expenses, and revenue, if any,			' 1
4a	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code.) (Expenses \$	8,476 including grants of \$) (Revenue \$	3,600)
		VELOPMENT OF HISTORIC		• •
C	AVE, KY AND CREATION	OF A CULTURAL ART D	ISTRICT IN HORSE CAVE	, KY.
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	,, ,		, ,	,
	Other program services (Describe in Sch	nedule O)		· · · · · · · · · · · · · · · · · · ·
	Cries brodians acialoga (Deachine III ori			
) (Revenue \$)
_	(Expenses \$ Total program service expenses ▶	including grants of \$ 8 , 476) (Revenue \$	

174 1	2/04/2017 4 28 PM)		
	n 990'(2016) HORSE CAVE DEVELOPMENT CORPORATION 20-3758039		P	age 3
<u> **i</u>	Checklist of Required Schedules		T v = =	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes."		Yes	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			ĺ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			.,
۰	Part III	5_	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	} •	-	-
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		l	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	1	i	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.		•	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	I I a	-	-
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116	1	x
С		1		†
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
f	·			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a		400	ļ	x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	 	 ^
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	l	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
.o 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ł		l
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	₩.	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
4	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		+**
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"	t	T

If "Yes," complete Schedule G, Part III

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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		7
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			~
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	22		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<u> </u>
24 d	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1		
		240		х
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С		245		ĺ
_	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		├──
d 250		24d		\vdash
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		ж
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		<u> </u>
Ь	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230	_	
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	x	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	120		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<u></u>		<u> </u>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		*	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	•	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28Ь		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		Į	
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			1
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			İ
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable		1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ļ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1.		
••	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192 Note. All Form 990 filers are required to complete Schedule O.			
	tar note, ou com and mets are required to comblete achequie O	1 38		

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Form	n 990 (2016) HORSE CAVE DEVELOPMENT CORPORATION 20-3758039		P	age 5
Enter the number reported in Box 3 of Form 1096. Enter -O- if not applicable Enter the number of Forms W-25 included in the 1s Enter -O- if not applicable Cold the organization comply with badayu withholding unles for reportable parments to vendors and reportable garming (sambling) withings to prize withners? Cold the organization comply with badayu withholding unles for reportable parments to vendors and reportable garming (sambling) withings to prize withners? Statements, find for the calendar year ending with or within the year covered by this return Statements, find for the calendar year ending with or within the year covered by this return Note. If the calendar year ending with or within the year covered by this return Note. If the calendar year ending with or within the year covered by this return. Note. If the calendar year ending with or within the year covered by this return. Note. If the calendar year ending with or within the year covered by this return. Note. If the calendar year ending with or within the year covered by this return. Note. If the calendar year ending with or within the year covered by this return. Note. If the calendar year ending with or within the year covered by the return. Note. If the calendar year ending with year year year. Note. If the calendar year ending with year year? Note. If the calendar year ending with year? Note. If the calendar year ending with year if Year is the year. Note of the calendar year in Year year is the year year. Note of the year year year year. Note of the year year year. Note of the year. Note of year.	P				
18 Einter the number of Forms W25 (included in line to Einter -0- if not applicable C but the organization comply with backup withholding rules for reportable payments to vendors and reportable garing (gambling) without backup withholding rules for reportable payments to vendors and reportable garing (gambling) withings to pitz withness? 2 Einter the number of employees reported on Form W3. Transmittal of Wage and Tax Slatements, filed for the calendar year ending with or within the year covered by this rulum B if all east one is reported on line 2a, did the organization file all required federal employment tax returns? No. If the sum of lines is a and 2a is greater than 25.0, you may be required for either (see instructions) 3 To be reported on line 2a, did the organization file all required federal employment tax returns? No. If the sum of lines is a and 2a is greater than 25.0, you may be required to e-file (see instructions) 3 To be required to the sum of lines is a and 2a is greater than 25.0, you may be required to e-file (see instructions) 3 To be required to the sum of lines is a and 2a is greater than 25.0, you may be required to e-file (see instructions) 3 To be required to the sum of the sum		Check if Schedule O contains a response or note to any line in this Part V			
be Enter the number of Forms W-2G included in line 1s Enter -G- find applicable C bill the organization comply with baduw withholding usike for reportable payments to vendors and reportable gaining (gambling) winnings to pice winners? 2 Enter the number of employees reported on Form W-2, Transmitted of Wage and Tax Submembs, fixed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fix fixed interturbors. Note. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fix fixed interturbors. Note. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fix fixed interturbors. Note. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fix fixed interturbors. Note. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fix fixed interturbors. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fix fixed interturbors. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fix fixed interturbors. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fixe fixed interturbors. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fixed fixed interturbors. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fixed fixed interturbors. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fixed fixed interturbors. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fixed fixed interturbors. If the sum of lines 1 and 2 a is greater than 250, you may be required to -G-fixed fixed interturbors. If you were the sum of lines 1 and 2 a is greater than 250, you may be required to fixed fi				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) with most winners? 2 Effect the number of employees reported on From NA3. Transmitlat of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this nature. 3 In the state one is reported on the 2a, did the organization file all required federal employment tax returns? 3 In the state one is reported on the 2a, did the organization file all required federal employment tax returns? 3 In the state of the	1a			74 Geo.	
reportable garming (gambling) winnings to pitze winners? Sittements, filted for the calendar year ending with or within the year covered by this return Sittements, filted for the calendar year ending with or within the year covered by this return Hoto. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unreliated business gross income of \$1,000 or more during the year? 32 Did the organization have unreliated business gross income of \$1,000 or more during the year? 33 Did Hard year and the activities of the organization have an interest in, or a signature or other surbority over, a financial account in a foreign country (seek as a bank account, securities account, or other financial account in a foreign country (seek has a bank account, securities) 54 A rany time during the calendar year, did the organization have an interest in, or a signature or other surbority over, a financial account in a foreign country (seek has a bank account, securities) 55 Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 56 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 57 Was the organization and party to a prohibited tax was or a a party to a prohibited tax shelter transaction? 58 Did any taxoparation have ennual gross receptish vas or a a party to a prohibited tax shelter transaction at the organization solicit any contributions that there not tax deductable as charitable contributions? 69 Did Have to line 5 or 65k, did the organization file Form 8886-77 60 Does the organization and party to a good and the organization solicit any contributions that there not tax deductable as charitable contributions? 60 Did the organization shall prove the section 170(c). 61 Was 1 Was	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, life of the calendary year ending with or within the year cowered by this natur 3 Istaments, life of the calendary year ending with or within the year cowered by this natur 3 Istaments, life of the calendary year ending with or within the year cowered by this nature 3 Istaments, life of the calendary year ending with or within the year of the organization for an interest of the five organization have unrealized business gross income of \$1,000 or more during the year? 3 In "Yes," has it flied a Form 990-1 for this year? If "No" is line 3b, provide an explanation in Schedule O 3 In "Yes," and writing the canderary year, did the organization have an interest, in or a signature or other authority over, a financial account in a foreign country; P 5 Sea instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FIRAR) 5 In "Yes," enter the name of the foreign country; P 5 Sea instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FIRAR) 5 Was the organization a party to a prohibited fax shelter transaction at any time during the tax year? 5 In "Yes," on the same of the foreign assets that are normally greater than \$100,000, and did the organization release the organization that it was or is a party to a prohibited tax shelter transaction? 5 In "Yes," of the organization organization for Fine 389-1? 5 In "Yes," of the organization and party organization organization for endough with every solicition an expense statement that such contributions or gifts were not tax deductible? 5 Organization state may receive deductible contributions under section 170(c). 6 In "Yes," of the organization organization in excess of \$75 made party as a contribution of an aparty for goods and services provided to the pagnization relative to the pagnization organization services and party or the pagnization organization services and part	С	Did the organization comply with backup withholding rules for reportable payments to vendors and	14		
Statements, flied for the calendar year ending with or within the year covered by this nature If all least not is reported on line 22, did the organization flie all required defaral employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) If the year control of the control of the control of the year? If Yes, 1 has it filed a form 90-07 for this year? If Yes 1 to 10, provide an explenation in Schedule 0. 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 a signature or other financial account in a foreign country; be See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR) If Yes, 1 when the name of the foreign country; be See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR) If Yes 1 when the said of the organization file form 888-17? If Yes 1 when the said of the organization file Form 888-17? If Yes 2 in the 5a or 5b, did the organization file Form 888-17? If Yes 3 when the organization are control that the said of the organization should with every solicitation an express statement that such contributions or gifts were not tax deductible. If Yes, 2 when the organization receive a deductible contributions under section 170(c). If Yes, 3 when the organization make a septiment in excess of \$75 made partly as a contribution and partly for goods and seneras provided to the payor? If Yes, 1 when the organization ordify the donor of the value of the goods or services provided? If Yes, 2 when the organization receive a donorable of the value of the goods or services provided? If Yes, 3 when the organization receive a contribution or under section 170(c). If Yes, 4 when the organization receive a contribution or organization when were a forms 889 a required?			<u> </u>	c	
b iral teast one is reported on line 2a, did the organization file all required federal employment tax returns? 30 bc. If the sum of lines 1a and 2a is greater than 250, you may be required to eline (see instructions) 31 bc. If the sum of lines 1a and 2a is greater than 250, you may be required to eline (see instructions) 32 constitution of the control of the c	2a				
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270-524-0035

MUNFORDVILLE

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financial statements available to the public during the tax year

FOWLER DURHAM CPA'S & ADVISORS, PLL 110 EAST UNION ST

State the name, address, and telephone number of the person who possesses the organization's books and records.

Section A.

				CORPORATION	20-3758039	Page
Part VII	Compens	ation of	Officers, Directors	, Trustees, Key Emp	oloyees, Highest Compe	nsated Employees, and
•	` Independe					
	Check if So	chedule (O contains a respon	se or note to any line	in this Part VII	

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.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)

(B)

(C)

(D)

(E)

		-		_ <u>-</u> -	_			`		
(A) Name and Title	(B) Average hours per week (list any	bo	x, unie	Pos check ess pe	erson	than on is both a or/trustee	an .	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KENNETH RUSSELL		T	1				_			
	0.00			1	}	1 1				
PRESIDENT	0.00	X	_	X	L			0	0	0
(2) DAVID SHADBURNE						1 1				
	0.00									
DIRECTOR	0.00	X		<u> </u>	├—	┢┵		0	0	0
(3) BILLY ANDREWS	0.00									
DIRECTOR	0.00	x		ļ]]		0	0	0
(4) SANDRA WILSON	0.00	<u> </u>	┝	\vdash	一	╅				
(4) 5711/5141 11215511	0.00					1 1				
TREASURER	0.00	x		x	Ì]]		o	0	0
(5) DAVID HOUK			Ι			1				-
(*)	0.00	1	}		1	1				
VICE PRESIDENT	0.00	X		X	l			0	o	0
(6) GERALD MATERA						П				
	0.00									
DIRECTOR	0.00	X	<u>L</u>		L	\sqcup		0	0	0
(7) DAVID DESPAIN				l	ľ					
	0.00				i				_	
DIRECTOR	0.00	X	<u> </u>	Ь	_	\sqcup		0	0	0
(8)		į						:	_	
(9)	<u> </u>		 					,		
(10)				-	-					
(11)										
DAA.										000

DAA

Form **990** (2016)

Pa	Pt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	ATION 20-375 nd Highest Compensated		Page
٠	(A) Name and title	(B) (C) Average Position hours per (do not check more than or week box, unless person is both a officer and a director/fruster hours for Color Tox Color T				is both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 2 1000 11100)	organization and related organizations
	·										
											_ "
1b	Sub-total		! !			l		>	,,,,,		
-	Total from continuation shee	ets to Part VII, S	Secti	on A	١.						
<u>d</u> 2	Total number of individuals (in				thos	e lisi	ted a	bove	e) who received more than	\$100,000 of	
	reportable compensation from	the organization	<u> </u>	0							Yes N
3	Did the organization list any fo								oyee, or highest compensa	ted	
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual	1a, is the sum	of re	porta	able	com	pens	atio			3 X
5	Did any person listed on line 1									indıvidual	
Sect	for services rendered to the orgon B. Independent Contractor		es,"	com	plete	Scl	hedu	le J	for such person		5 3
1	Complete this table for your fiv	e highest compe	ensa	ted i	ndep	end	ent c	ontr	actors that received more	than \$100,000 of	
	compensation from the organiz	(A) business address	mpe	<u>ensa</u>	lion	ior tr	ne ca	leno	lar year ending with or with	in the organization's tax year (B) tion of services	(C) Compensation
	710070 010	Securios escretos							Безир	autror services	Compensation
			···								
2	Total number of independent c								se listed above) who		

11a b

> All other revenue Total. Add lines 11a-11d Total revenue. See instructions.

Miscellaneous Revenue

Busn. Code

3,600

3,600

Part X Statement of Functional Expenses

	Check if Schedule O contains a resp				
	ot include amounts reported on lines 6b,	(A) Total expenses	(8) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations			Comme Contract	ing gran er i Million fransk fran
_	and domestic governments. See Part IV, line 21			, 1 400 1 , 1 , 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22			raf go j jaar oo Jaari da ji hall ah ahaa in ah ah in ah hall ka	
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 Compensation of current officers, directors,				
5	·				
c	trustees, and key employees Compensation not included above, to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	-			
•	section 401(k) and 403(b) employer contributions)	į			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses			<u></u>	
14	Information technology				
15	Royalties				
16	Occupancy				· · · · · · · · · · · · · · · · · · ·
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	F 04m	F 045		
20	Interest	5,847	5,847	<u> </u>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,405	1,405		
23	Insurance	1,403	1,403	7	
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				1
	(A) amount, list line 24e expenses on Schedule O)	,			1
-	TAXES - REAL ESTATE	1,027	1,027		†
a b	REPAIRS - NON RENOVATION	182	182		
c	TAXES	15	15		<u></u>
d				-	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	8,476	8,476	0	0
26	Joint costs. Complete this line only if the	3,		<u> </u>	
-	organization reported in column (B) joint costs	}			
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if]			
	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2016

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 5,257 Cash--non-interest bearing 6,662 Savings and temporary cash investments 2 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or 122,371 10a other basis. Complete Part VI of Schedule D 122,371 122,371 b Less. accumulated depreciation 10b Investments—publicly traded securities 11 Investments-other securities. See Part IV, line 11 12 12 Investments-program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 127,628 129,033 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 68,750 <u>81,000</u> disqualified persons Complete Part II of Schedule L 112,616 106,647 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 181,366 187,647 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund -53,738 -58,614Retained earnings, endowment, accumulated income, or other funds 32 32 -53,738 -58,614Total net assets or fund balances 33 127,628 129,033 Total liabilities and net assets/fund balances

Form	1 990 (2016) HORSE CAVE DEVELOPMENT CORPORATION 20-3758039			_Page 12
₽a	Reconciliation of Net Assets			
•	Check if Schedule O contains a response or note to any line in this Part XI			\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,600
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,476
3	Revenue less expenses. Subtract line 2 from line 1	3		4,876
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-5	3,738
5	Net unrealized gains (losses) on investments	5		
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 in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		8,614
Pa	it 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: X Cash Accrual Other		[2/27]	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			<i>"</i> [
	Schedule O		1	and the
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			1
	reviewed on a separate basis, consolidated basis, or both:			,
	Separate basis Consolidated basis Both consolidated and separate basis		/ [´
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.			1 ′
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			1
	Schedule O			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Révenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

HORSE CAVE DEVELOPMENT CORPORATION

Employer identification number 20-3758039

	Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
P	art i	· Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	18.					
Γhe	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	check only	one box	.)						
1	\sqcup	A church, cor	nvention of churches, or ass	ociation of churches described i	in sectior	170(b)(1	I)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Fom	n 990 or 9	90-EZ).)		· / /					
3	П	A hospital or	a cooperative hospital service	e organization described in sec	ction 170	(b)(1)(A)(i	iii).						
4	П	A medical res	search organization operated	d in conjunction with a hospital of	described	in sectio	n 170(b)(1)(A)(III). Enter the hi	ospital's name.					
	_	city, and state	,	•									
5	\Box	•		of a college or university owned	or operati	ed by a or	overnmental unit described in						
Ŭ		•	b)(1)(A)(iv). (Complete Part	•	o. opo.u.	b, a g.	Transfer and described in						
6		•		•	action 17	O(5)/4)/A	Ww)						
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public												
,	43	described in section 170(b)(1)(A)(vi). (Complete Part II.)											
			* ** ** * * *	70(b)(1)(A)(vi). (Complete Part	. 11. \								
8	Н	-					unation with a land count called	_					
9	ш	_	•	cribed in section 170(b)(1)(A)(i		-		je					
		_	or a non-land grant college o	of agriculture (see instructions).	Enter the	name, ci	ly, and state of the college of						
40	\Box	university) man than 22 4/20/ of to our									
10	Ш	_		i) more than 33 1/3% of its supp opt functions—subject to certain				SS					
		•		id unrelated business taxable in	-		•						
			•	0, 1975 See section 509(a)(2).	-		•						
11			· · · · · · · · · · · · · · · · · · ·	exclusively to test for public safe									
12	H	•	•	exclusively for the benefit of, to	•		• • • •	202					
12	لــا	•	•	tations described in section 509	•								
				at describes the type of suppor				•					
	а	Type I. A	supporting organization ope	erated, supervised, or controlled	i by its su	oported o	rganization(s), typically by givin	na					
	_	─	.,	ver to regularly appoint or elect	-	-		' 5					
		• •		omplete Part IV, Sections A a									
	b			pervised or controlled in connec		its suppoi	rted organization(s), by having						
	_		• •	ting organization vested in the s				ed					
				Part IV, Sections A and C.	•								
	С	Type III f	iunctionally integrated. A s	upporting organization operated	in conne	ction with	, and functionally integrated w	ith,					
				tructions). You must complete				•					
	d	Type III r	non-functionally integrated	I. A supporting organization ope	erated in o	onnection	n with its supported organization	n(s)					
		that is no	t functionally integrated. The	e organization generally must sa	atisfy a dis	stribution	requirement and an attentivene	ess					
		requirem	ent (see instructions). You r	nust complete Part IV, Section	ns A and	D, and P	art V.						
	е			eived a written determination fro			s a Type I, Type II, Type III						
			• •	n-functionally integrated support	ting organ	ization.							
	f		nber of supported organizati					L					
	g	Provide the fo	ollowing information about th	e supported organization(s)									
(e of supported	(ii) EIN	(iil) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of					
	org	anization		(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	other support (see instructions)					
				above (see instructions))	Yes	No	insu dealers)	insubctions)					
		-			105			· · · · · · · · · · · · · · · · · · ·					
(A)					i	i	!						
					 		· · · · · · · · · · · · · · · · · · ·						
(B)					ì	1							
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(C)					1								
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(D)					1]							
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(E)					1			-					
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Γota					1								

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Sche	edule À (Form 990 or 990-EZ) 2016	SE CAVE I	DEVELOPMEN	T CORPOR	ATION 20	-3758039	Page 2
	art II Support Schedule for O						<u></u>
•	(Complete only if you che	cked the box or	n line 5, 7, or 8	of Part I or if the	ne organization	failed to qualify	under
	Part III. If the organization						
Sec	ction A. Public Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		227				227
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		227				227
5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
e	Public support. Subtract line 5 from line 4.	, 		,,	***************************************		
500	tion B. Total Support	<u></u>			<u> </u>	<u>;,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	227
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	(a) 2012		(6) 2014	(u) 2013	(e) 2010	
8			227				227
0	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
1	Total support. Add lines 7 through 10						227
2	Gross receipts from related activities, etc.	(see instructions)				12	3,600
3	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax yea	ar as a section 50°	1(c)(3)	_
	organization, check this box and stop her			·			
Sec	ction C. Computation of Public Su	ipport Percen	tage		<u> </u>		
4	Public support percentage for 2016 (line 6	, column (f) divided	d by line 11, colum	n (f))		14	100.00%
5	Public support percentage from 2015 Scho	edule A, Part II, lın	e 14			15	100.00%
6a	33 1/3% support test—2016. If the organ				33 1/3% or more, o	check this	. =
	box and stop here. The organization qual	• •	•				► X
b	-				15 is 33 1/3% or m	ore, check	
	this box and stop here. The organization	•					▶ ∐
7a		=					
	10% or more, and if the organization meet Part VI how the organization meets the "fa						
							▶

b 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Schedule A (Form 990 or 990-EZ) 2016

supported organization

instructions

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.

OMB No 1545-0047
2016
Open to Public

Internal Revenue Service ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number HORSE CAVE DEVELOPMENT CORPORATION 20-3758039 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included on Form 990, Part VIII, line 1

TT		AVE DEVELOP			_	<u> 20-3</u>			Page 2
Part III	Organizations Maintain								(continued)
3 Using the collection	ne organization's acquisition, acce on items (check all that apply)	ssion, and other record	ls, check an	y of the fol	llowing that a	re a signifi	icant us	e of its	
a 🗋 Pub	olic exhibition	d∏	Loan or exc	hange pro	grams				
b Sch	olarly research	e	Other						
	servation for future generations								
	a description of the organization's	collections and explain	n how they f	urther the	organization'	s exempt	purpose	ın Part	
XIII,		•	•		•	• '	•		
5 During t	the year, did the organization solic	it or receive donations	of art, histor	ical treasu	res, or other	sımilar			
	o be sold to raise funds rather tha	n to be maintained as p	part of the or	rganızatior	n's collection?	?			Yes No
Part IV	Escrow and Custodial A								
	Complete if the organizat	ion answered "Yes	on Form	1990, Pa	art IV, line 9	9, or rep	orted a	an amount	on Form
	990, Part X, line 21.								
	rganization an agent, trustee, cust	odian or other intermed	diary for cont	tributions o	or other asset	ts not			
	on Form 990, Part X?								Yes No
b If "Yes,"	explain the arrangement in Part >	(III and complete the fo	ollowing table	Β.					
									Amount
c Beginnu	ng balance							1c	
d Addition	s during the year							1d	
e Distribu	tions during the year							1e	
f Ending	balance							1f	
	organization include an amount oi					-			Yes No
	explain the arrangement in Part >	III Check here if the e	xplanation h	as been p	rovided on Pa	art XIII			
Part V	Endowment Funds.								
	Complete if the organization						·		
		(a) Current year	(b) Pno	or year	(c) Two yea	ars back	(d) Th	ree years back	(e) Four years back
1a Beginnii	ng of year balance				<u> </u>				
b Contribu	utions				<u> </u>			· · · · · · · · · · · · · · · · · · ·	
c Net inve	stment earnings, gains, and								
losses									
d Grants	or scholarships	<u> </u>							
e Other ex	penditures for facilities and								
program	ns								
f Adminis	trative expenses			_					
g End of y	ear balance	<u></u>	<u> </u>						
2 Provide	the estimated percentage of the o	current year end balance	æ (line 1g, c	olumn (a))	held as.				
a Board d	esignated or quasi-endowment >	%							
b Perman	ent endowment ►	%							
c Tempor	anly restricted endowment	%							
The per	centages on lines 2a, 2b, and 2c s	should equal 100%							
3a Are ther	e endowment funds not in the pos	session of the organiza	ation that are	e held and	administered	d for the			
organiza	ation by.								Yes No
(i) unre	elated organizations								3a(i)
(ii) rela	ted organizations								3a(ii)
b If "Yes"	on line 3a(ii), are the related orga	nizations listed as requ	ired on Sche	edule R?					3b
4 Describ	e in Part XIII the intended uses of	the organization's endo	owment fund	ds					
Part VI	Land, Buildings, and Ed								
	Complete if the organizat	on answered "Yes	<u>" on Form</u>	<u>990, Pa</u>	art IV, line	<u>11a. See</u>	Form	990, Part	X, line 10.
	Description of property	(a) Cost or other	basis	(b) Cost or		(c) /	Accumulate	ed .	(d) Book value
		(investment)	<u> </u>	(oth	ner)	de	preciation		
1a Land									
b Building	s			1	22,371				122,37
c Leaseho	old improvements								
d Equipm	ent								
e Other									
Total. Add line	es 1a through 1e (Column (d) mu	st equal Form 990, Par	t X, column	(B), line 1	0c)			<u> </u>	122,37

(1) Federal income taxes		_				,	
(2)						•	
(3)						•	
(4)							
(5)						,	
(6)				:			
(7)					,		
(8)							•
(9)							
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1						

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2016 HORSE CAVE DEVELOPMENT CORPO	RATION 20-37580	39	Page 4
•	Reconciliation of Revenue per Audited Financial Statem		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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Ь	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII 🥻 Reconciliation of Expenses per Audited Financial Stater	nents With Expenses per	r Return.	· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on Form 990, I	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b	7 1	
C	Other losses	2c	71	
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	<u>.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	7	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2016 HORSE CAVE DEVELOPMENT CORPORATION 20-3758039

Page \$

Part XIII. Supplemental Information (continued)

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SCHEDULE L (Form 990 or 990-EZ)

Department of the Jreasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ.

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

Name of the on	ganization	,					Employ	rer ider	ntificat	ion nur	nber		
····	HORSE CAVE DEVELOPM						20-3		39				
Part	Excess Benefit Transaction	S (section 50	(c)(3), section	501(c)(4)	, and 501(c)(29)	organizations only	y).					
	Complete if the organization answere	ed "Yes" on Fo	orm 990, Part IV	/, line	25 ₆	or 25b, or Form	990-EZ, Part V,	line 4	0b				
1	(a) Name of disqualified person	(b) Relati	onship between disc	pualifie	d pen	son and	(c) Description of tra	nsactio	n		(d)	Соттес	ed?
			organizatio	n							Yes	<u> </u>	No
(1)											↓	\perp	
(2)			 								↓		
(3)											↓		
(4)		<u> </u>					·				↓		
<u>(5)</u>				_							—	_	
<u>(6)</u>						L					<u> </u>	Ш.	
under 3 Enter	the amount of tax incurred by the organizer section 4958 the amount of tax, if any, on line 2, above	e, reimbursed	by the organiza		rson	s during the year		▶ \$	5 5				
Part II	Loans to and/or From Interes												
	Complete if the organization answere				line	38a or Form 990	, Part IV, line 26;	or if t	he				
	organization reported an amount on											T	
	(a) Name of interested person	(b) Relationship with organization			oan to om the		(f) Balance due	(g) in (detault	(h) Ap	pproved pard or		/ntten iment?
			İ		g?	, ,	ļ	Ь			nuttee?	ب	
				To	From		<u> </u>	Yes	No	Yes	No	Yes	No
DAVID													
(1)	CASH FOR BANK I	LOAN INTERE	\$T PAYMENT	X	-	650	11,868	1-	X	┼	X		X
GERALI	CASH FOR BANK	LOAN INTERE	ST PAYMENT	x		650	11,868		x		x		x
BILLY	ANDREWS	x			!						1		
_(3)	CASH FOR BANK I	AN INTERE	ST PAYMENT	X	_	650	11,593	_	X	↓	X		X
DAVID	DESPAIN												l
(4)	CASH FOR BANK I	LOAN INTERE	ST PAYMENT	X	┝	650	11,593	<u> </u>	X	┼—	X	ļ	X
KENNET	TH RUSSELL		Ì					i	۱				
<u>(5)</u>	CASH FOR BANK I	LOAN INTERE	ST PAYMENT	X	٠.	650	11,593	├ ─	X	₩	X	ļ	X
	A WILSON	.						l			7.		
(6)	CASH FOR BANK I	APAN INTERE	ST PAYMENT	X	-	650	11,592		X	\vdash	X	<u> </u>	X
	SHADBURNE	.l	L	x				Ì	x		x	ì	x
<u>(7)</u>	CASH FOR BANK I	LOAN INTERE	ST PAIMENT	╁	⊢	650	10,893	+	<u> </u>	₩	╀┻	-	┝┻
<u>(8)</u>			ļ	_	ļ	····			ļ	<u> </u>	<u> </u>		<u> </u>
(9)					_					_			_
(10)					<u> </u>		<u></u>						
Total	·					<u> </u>	81,000	<u> </u>				Ī	
Part III	Grants or Assistance Benef	_											
	Complete if the organization answere	ed "Yes" on Fo	m 990, Part I\	/, line	<u> 27.</u>								
	(a) Name of interested person		nship between intere and the organization		(C) A	mount of assistance	(d) Type of assistance		(e) 	Purpos	se of ass	istance	
(1)													
(2)													
(3)					$oxed{oxed}$								
_(4)			· · · · · · · · · · · · · · · · · · ·		<u> </u>			\bot					
<u>(5)</u>			· · · · · · · · · · · · · · · · · · ·		<u> </u>			\bot					
(6)					<u> </u>								
<u>(7)</u>					<u> </u>			\bot					
(8)					_			\bot	_				
(9)					<u> </u>			\dashv					
(10)					1								

Part IV	Form 990 or 990-EZ) 2016 HORSE (Business Transactions Involv	ing Interested Persons.			Page 2					
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.									
•	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org revenues?					
(4)			 	<u> </u>	Yes No					
(1) (2)				 						
(3)			 	 						
(4)										
(5)										
(6)										
(/)										
(9)	 									
(7) (8) (9) (10)										
Part V	Supplemental Information Provide additional information for respon	nses to questions on Schedule L	(see instructions)		•					
	· Toviac additional information to pos	incoo to quoditatio di oditodulo 2	(000 1110 000 0110)							
										
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				· · · · · · · · · · · · · · · · · · ·						

SCHEDULE O (Form 990 or 990-EZ) 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.

OMB No 1545-0047

▶ Attach to Form 990 or 990-EZ.

Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HORSE CAVE DEVELOPMENT CORPORATION

Employer identification number 20-3758039

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT REVITALIZATION AND DEVELOPMENT OF HISTORICAL AND COMMERCIAL AREAS OF HORSE

CAVE, KY AND CREATION OF A CULTURAL ART DISTRICT IN HORSE CAVE, KY.

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

KENNETH RUSSELL

103 WATER STREET

HORSE CAVE, KY 42749

DAVID SHADBURNE

1705 BYPASS RD

WINCHESTER, KY 40391

BILLY ANDREWS

409 BRECKINRIDGE LANE

LOUISVILLE, KY 40207

SANDRA WILSON

308 EAST DALE HEIGHTS

HORSE CAVE, KY 42749

DAVID HOUK

100 KNOB HILL ROAD

HORSE CAVE, KY 42749

Page 2

Name of the organization

HORSE CAVE DEVELOPMENT CORPORATION

Employer identification number

20-3758039

GERALD MATERA

311 E MAIN ST

HORSE CAVE, KY 42749

DAVID DESPAIN

204 WINDSOR AVE

GLASGOW, KY 42749

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE FORM 990 IS PRESENTED TO DIRECTORS FOR ACCEPTANCE PRIOR TO FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

ROUNDING

\$ 0