

EXTENDED TO MAY 15, 2018

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2016

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

1706

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

Form 990 header section containing organization name (KENTUCKY RIVER Foothills Development Council, Inc.), address (309 Spangler Drive, Richmond, KY 40475), and financial information (Gross receipts: 22,136,075).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue breakdown, and expenses.

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.

Signature block containing officer signature (Brian Mullins), preparer information (Bradley J Hayes, CPA), and firm details (RFH, PLLC).

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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KENTUCKY RIVER FOOTHILLS DEVELOPMENT
COUNCIL, INC.

Form 990 (2016)

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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.

DEVELOPING COMMUNITY RESOURCES SO THAT ALL PERSONS MAY HAVE LIVES OF DIGNITY, RESPONSIBILITY, AND OPPORTUNITY.

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 \$ 2,096,818. including grants of \$ _____) (Revenue \$ _____)

COMMUNITY SERVICE PROGRAMS-AT EACH OF THE AGENCY'S FOUR OUTREACH OFFICES, STAFF WORK WITH FAMILIES IN FINANCIAL CRISES TO HELP MEET IMMEDIATE NEEDS AND MAKE PLANS FOR THE FUTURE SO THAT SIMILAR CRISES ARE LESS LIKELY. KRFDC PROVIDES ENERGY ASSISTANCE THROUGH THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) EVERY FALL/WINTER AT ITS OUTREACH OFFICES. LIHEAP ASSISTS INCOME-ELIGIBLE HOUSEHOLDS WITH HOME HEATING COSTS THROUGH TWO PROGRAMS: LIHEAP SUBSIDY (TYPICALLY IN NOVEMBER AND DECEMBER) AND LIHEAP CRISIS (TYPICALLY JANUARY UNTIL THE MIDDLE OF MARCH, OR UNTIL ALL FUNDS ARE EXPENDED). A THIRD COMPONENT TO HELP WITH SUMMER COOLING COSTS MAY BE OFFERED WHEN FUNDS ARE AVAILABLE. LAST FY KRFDC PROVIDED 3,311 HOUSEHOLDS WITH SUBSIDY ASSISTANCE AND 4,960 HOUSEHOLDS WITH CRISIS ASSISTANCE. KRFDC

4b (Code _____) (Expenses \$ 13,460,931. including grants of \$ _____) (Revenue \$ 1,915,891.)

HEALTH & HUMAN SERVICES PROGRAMS-THE AGENCY'S HEAD START PROGRAM HELPS ECONOMICALLY DISADVANTAGED CHILDREN FROM BIRTH TO 5 YEARS OLD DEVELOP EDUCATIONAL AND SOCIAL SKILLS. FAMILY MEMBERS ARE ENCOURAGED TO BE INVOLVED IN ACTIVITIES AND EDUCATIONAL EXPERIENCES THAT WILL HELP FOSTER A LIFETIME OF COMMITMENT TO QUALITY EDUCATION. IN COLLABORATION WITH THE COUNTY SCHOOL SYSTEMS, HEAD START PROMOTES SCHOOL READINESS BY ENHANCING THE SOCIAL AND COGNITIVE DEVELOPMENT OF CHILDREN THROUGH THE PROVISION OF EDUCATIONAL, HEALTH, NUTRITIONAL, SOCIAL AND OTHER SERVICES TO ENROLLED CHILDREN AND FAMILIES. ALSO, PARTNERSHIPS ARE DEVELOPED WITH COMMUNITY AGENCIES TO PROVIDE ADDITIONAL SERVICES AND RESOURCES TO PARENTS AND CHILDREN. HEAD START WORKS TO MEET EACH CHILD'S INDIVIDUAL NEEDS. SINCE 2005, KRFDC HAS BEEN PROVIDING A WIDE

4c (Code _____) (Expenses \$ 2,182,723. including grants of \$ _____) (Revenue \$ _____)

HOUSING SERVICE PROGRMS-AT LIBERTY PLACE RECOVERY CENTER FOR WOMEN, THE AGENCY PROVIDES A LONG-TERM, RESIDENTIAL SUBSTANCE ABUSE RECOVERY PROGRAM FOR WOMEN. IN THIS SAFE PLACE, KRFDC HELPS WOMEN SUFFERING FROM ALCOHOLISM AND/OR DRUG ADDICTION BECOME SOBER, SOLVE UNDERLYING PROBLEMS, AND LEARN TO LEAD SOBER, STABLE, AND PRODUCTIVE LIVES. WHILE IN THE PROGRAM, PARTICIPANTS ARE PROVIDED WITH THE TOOLS THEY NEED TO MANAGE THEIR DISEASE AND REBUILD THEIR LIVES. THESE TOOLS INCLUDE THE 12 STEPS OF ALCOHOLICS ANONYMOUS, DAILY RECOVERY DYNAMICS AND ERRORS IN THINKING CLASSES, MEDITATION, PEER SUPPORT, JOB RESPONSIBILITIES, AND MEETINGS. LOCATED IN RICHMOND, LIBERTY PLACE IS PART OF THE RECOVERY KENTUCKY INITIATIVE. THE WOMEN PARTICIPATING IN THE PROGRAM ARE HOMELESS OR marginally housed and unemployed, often coming directly

4d Other program services (Describe in Schedule O.)

(Expenses \$ 2,504,216. including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 20,244,688.

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KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCIL, INC.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Contains 19 rows of questions regarding organizational requirements and schedules.

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COUNCIL, INC.

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> | | |
| 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> | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c 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? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 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 |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 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 |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 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 | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. 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 |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal 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) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | If "Yes," enter the name of the foreign country <input type="checkbox"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | 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 |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9a | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| 11a | Gross income from members or shareholders | | |
| 11b | 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? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | |
| 13b | 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 | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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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 in 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 |
|----|--|-----|----|
| 1a | 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 in Schedule O. | | |
| 1a | 15 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 1b | 15 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| 8a | a The governing body? | X | |
| 8b | b Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **► KY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)
- 19 Describe in 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: **►**
BRIAN MULLINS - 859-624-2046
309 SPANGLER DRIVE, RICHMOND, KY 40475

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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 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) 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (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) JAMIE CRABTREE CHAIRMAN | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (2) IRA NEWMAN VICE CHAIR | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (3) MARCINDA MARTIN TREASURER | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (4) PAULA MAIONCHI SECRETARY | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (5) LAURA SANDS DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (6) CAROL BARRIER DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (7) LINDA GINTER DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (8) CHRISTINE RANDALL DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (9) HENRY BRANHAM DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (10) TERRY DAVIDSON DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (11) WALLACE TAYLOR DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (12) JAMES WITT DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (13) JAMES ANDERSON DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (14) PAMELA BLACKBURN DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (15) REAGAN TAYLOR DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (16) DAN THORPE DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (17) JANET SMITH DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |

**KENTUCKY RIVER FoothILLS DEVELOPMENT
COUNCIL, INC.**

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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (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) MARY HIGGINS DIRECTOR | 5.00 | X | | | | | | 0. | 0. | 0. |
| (19) BRIAN MULLINS OPERATIONS DIRECTOR/EXECUTIVE DIRECT | 37.50 | | | X | | | | 93,436. | 0. | 23,237. |
| (20) DANENA THACKER FINANCE DIRECTOR | 37.50 | | | X | | | | 67,890. | 0. | 17,983. |
| (21) VICKI JOZEFOWICZ EXECUTIVE DIRECTOR/CHIEF ADMIN OFFIC | 37.50 | | | X | | | | 113,371. | 0. | 26,961. |
| (22) DAVID WILKERSON FINANCE DIRECTOR | 37.50 | | | X | | | | 7,119. | 0. | 1,330. |
| (23) GARI MICHELLE KISER NURSE PRACTITIONER | 37.50 | | | | | X | | 100,965. | 0. | 19,155. |
| (24) LISA FINN PHYSICIAN | 37.50 | | | | | X | | 168,006. | 0. | 11,426. |
| 1b Sub-total | | | | | | | | 550,787. | 0. | 100,092. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 550,787. | 0. | 100,092. |

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 **3**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| CREATIVE BUS SALES 57475 COUNTY ROAD 3, ELKHART, IN 46517 | VEHICLE PURCHASE | 262,436. |
| RILEY OIL 1595 WINCHESTER ROAD, LEXINGTON, KY 40505 | FUEL | 210,971. |
| TRI COUNTY CONSTRUCTION 543 HIGHLAND AVE, MOUNT STERLING, KY 40353 | CONSTRUCTION | 193,100. |
| KD CONSTRUCTION, 1831 SW 7TH AVE, SUITE A, POMPANO BEACH, FL 33060 | CONSTRUCTION | 171,652. |
| HARDY GAS COMPANY 141 RICHMOND ROAD, IRVINE, KY 40336 | FUEL | 107,806. |

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 **5**

KENTUCKY RIVER FOOTHILLS DEVELOPMENT
COUNCIL, INC.

Form 990 (2016)

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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) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a 25,140. | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 58,471. | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e 15,680,619. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 4,326,153. | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | 118,544. | | | | |
| | h Total. Add lines 1a-1f | ▶ | 20,090,383. | | | |
| | Program Service Revenue | 2 a PROG. SERV. REVENUE | Business Code 624200 | 1,052,761. | 1,052,761. | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | ▶ | 1,052,761. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ | 5,024. | | 5,024. | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | 6 a Gross rents | (i) Real | 65,100. | | | |
| | | (ii) Personal | | | | |
| | | b Less rental expenses | 72,370. | | | |
| | | c Rental income or (loss) | -7,270. | | | |
| | d Net rental income or (loss) | ▶ | -7,270. | | -7,270. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | 78,472. | | | |
| | | b Less cost or other basis and sales expenses | 0. | | | |
| | | c Gain or (loss) | 78,472. | | | |
| | d Net gain or (loss) | ▶ | 78,472. | 78,472. | | |
| | 8 a Gross income from fundraising events (not including \$ 58,471. of contributions reported on line 1c). See Part IV, line 18 | a | 59,677. | | | |
| | | b Less direct expenses | b 14,078. | | | |
| c Net income or (loss) from fundraising events | | ▶ | 45,599. | | 45,599. | |
| 9 a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | ▶ | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | ▶ | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a HEALTHCARE GROSS CHARGES | | 624100 | 784,658. | 784,658. | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| e Total. Add lines 11a-11d | ▶ | 784,658. | | | | |
| 12 Total revenue See instructions. | ▶ | 22,049,627. | 1,915,891. | -7,270. | 50,623. | |

**KENTUCKY RIVER FOOTHILLS DEVELOPMENT
COUNCIL, INC.**

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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 | | | | |
| 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 | 650,880. | 299,552. | 351,328. | |
| 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 | 8,682,077. | 8,243,883. | 431,472. | 6,722. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 1,188,846. | 1,188,846. | | |
| 9 Other employee benefits | 1,235,798. | 981,526. | 254,272. | |
| 10 Payroll taxes | 898,840. | 898,840. | | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 3,675. | 3,675. | | |
| c Accounting | 33,100. | 33,100. | | |
| 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.) | 144,605. | 110,330. | 34,275. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 1,765,948. | 1,667,522. | 97,384. | 1,042. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 868,686. | 744,401. | 124,285. | |
| 17 Travel | 176,552. | 169,022. | 7,530. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 91,499. | 91,499. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 333,511. | 333,511. | | |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a ENERGY ASSISTANCE AND O | 2,963,634. | 2,963,634. | | |
| b INDIRECT | 1,328,059. | 1,328,059. | | |
| c OTHER | 1,185,210. | 1,157,697. | 27,513. | |
| d MEDICAL | 29,591. | 29,591. | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 21,580,511. | 20,244,688. | 1,328,059. | 7,764. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

**KENTUCKY RIVER FOOTHILLS DEVELOPMENT
COUNCIL, INC.**

Form 990 (2016)

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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 |
|------------------------------------|---|--------------------------|------------|--------------------|
| Assets | 1 | 1,135,431. | 1 | 2,357,900. |
| | 2 | 1,687,237. | 2 | 1,475,054. |
| | 3 | | 3 | |
| | 4 | 1,407,071. | 4 | 1,341,026. |
| | 5 | | 5 | |
| | 6 | | 6 | |
| | 7 | | 7 | |
| | 8 | | 8 | |
| | 9 | | 9 | |
| | 10a | 9,683,801. | | |
| | 10b | 5,060,250. | 10c | 4,623,551. |
| | 11 | | 11 | |
| | 12 | | 12 | |
| | 13 | | 13 | |
| | 14 | | 14 | |
| | 15 | 133,241. | 15 | 107,809. |
| 16 | 8,672,547. | 16 | 9,905,340. | |
| Liabilities | 17 | 1,163,683. | 17 | 1,873,096. |
| | 18 | | 18 | |
| | 19 | 986. | 19 | 7,788. |
| | 20 | | 20 | |
| | 21 | | 21 | |
| | 22 | | 22 | |
| | 23 | 1,577,750. | 23 | 1,383,794. |
| | 24 | 147. | 24 | 10,801. |
| | 25 | 1,049,177. | 25 | 1,279,941. |
| | 26 | 3,791,743. | 26 | 4,555,420. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 | 1,481,370. | 27 | 1,687,076. |
| | 28 | 3,399,434. | 28 | 3,662,844. |
| | 29 | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 | | 30 | |
| | 31 | | 31 | |
| | 32 | | 32 | |
| | 33 | 4,880,804. | 33 | 5,349,920. |
| | 34 | 8,672,547. | 34 | 9,905,340. |

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KENTUCKY RIVER FOOTHILLS DEVELOPMENT
COUNCIL, INC.

Form 990 (2016)

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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 | 22,049,627. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 21,580,511. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 469,116. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,880,804. |
| 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 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 5,349,920. |

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 in 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 | 2a | 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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2b | 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 in Schedule O. | 2c | X |
| 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 | 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 in Schedule O and describe any steps taken to undergo such audits | 3b | X |

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ 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 **KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCIL, INC.** Employer identification number **61-0650246**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 07
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| Total | | | | | | |

KENTUCKY RIVER FOOTHILLS DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2016 COUNCIL, INC.

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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) 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.") | 10557349. | 17904598. | 19887317. | 19714637. | 20090383. | 88154284. |
| 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 | 10557349. | 17904598. | 19887317. | 19714637. | 20090383. | 88154284. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 88154284. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 7 Amounts from line 4 | 10557349. | 17904598. | 19887317. | 19714637. | 20090383. | 88154284. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 20,712. | 1,664. | 2,966. | 7,144. | 5,024. | 37,510. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 88191794. |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.96 % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 99.96 % |

16a **33 1/3% support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 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 supported organization

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

Schedule A (Form 990 or 990-EZ) 2016

KENTUCKY RIVER FOOTHILLS DEVELOPMENT

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) 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.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|---|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2016. 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 - 2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Sub-rows a, b. Row 3: Parent of Supported Organizations. Sub-rows a, b.

KENTUCKY RIVER FOOTHILLS DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2016 COUNCIL, INC.

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|--|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% 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 .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <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). | | |

Schedule A (Form 990 or 990-EZ) 2016

KENTUCKY RIVER FOOTHILLS DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2016 COUNCIL, INC.

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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 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required; explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

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 Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCIL, INC.** Employer identification number **61-0650246**

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate value of contributions to (during year) | | |
| 3 Aggregate value of grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

Preservation of land for public use (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 |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included 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 | 2d |

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under 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 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

Schedule D (Form 990) 2016

632051 08-29-16

**KENTUCKY RIVER FOOTHILLS DEVELOPMENT
COUNCIL, INC.**

Schedule D (Form 990) 2016

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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 are a 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 programs
- 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:

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

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 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 Temporarily restricted 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:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

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

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 | | 791,389. | | 791,389. |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | 531,971. | 8,360,441. | 5,060,250. | 3,832,162. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) | | | | 4,623,551. |

Schedule D (Form 990) 2016

**KENTUCKY RIVER FOOTHILLS DEVELOPMENT
COUNCIL, INC.**

Schedule D (Form 990) 2016

61-0650246 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) | | |

Total. (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) | | |

Total. (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) | |

Total. (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) CLIENT DEPOSITS | 8,047. |
| (3) UNEMPLOYMENT INSURANCE | 26,087. |
| (4) FORGIVEABLE NOTES PAYABLE | 1,245,807. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) | 1,279,941. |

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

Schedule D (Form 990) 2016

**KENTUCKY RIVER FOOTHILLS DEVELOPMENT
COUNCIL, INC.**

Schedule D (Form 990) 2016

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

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

| | | | | |
|----------|---|-----------|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 22,982,609. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | 2,567,994. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 86,448. | |
| e | Add lines 2a through 2d | | 2e | 2,654,442. |
| 3 | Subtract line 2e from line 1 | | 3 | 20,328,167. |
| 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 | 1,721,460. | |
| c | Add lines 4a and 4b | | 4c | 1,721,460. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 22,049,627. |

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 | 22,513,493. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 2,567,994. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 86,448. | |
| e | Add lines 2a through 2d | | 2e | 2,654,442. |
| 3 | Subtract line 2e from line 1 | | 3 | 19,859,051. |
| 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 | 1,721,460. | |
| c | Add lines 4a and 4b | | 4c | 1,721,460. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 21,580,511. |

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 XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|----------------|
| DIRECT RENTAL EXPENSES DEDUCTED FROM REVENUE | 72,370. |
| DIRECT FUNDRAISING EXPENSES DEDUCTED FROM REVENUE | 14,078. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 86,448. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|-------------------|
| INDIRECT REVENUE | 1,328,059. |
| HEALTH CARE CONTRACTUAL COSTS | 393,401. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 1,721,460. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

KENTUCKY RIVER FOOTHILLS DEVELOPMENT
COUNCIL, INC.

Part XIII Supplemental Information (continued)

| | |
|---|---------|
| DIRECT RENTAL EXPENSES DEDUCTED FROM REVENUE | 72,370. |
| DIRECT FUNDRAISING EXPENSES DEDUCTED FROM REVENUE | 14,078. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 86,448. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|------------|
| INDIRECT EXPENSE | 1,328,059. |
| HEALTH CARE CONTRACTUAL COSTS | 393,401. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 1,721,460. |

KENTUCKY RIVER FOOTHILLS DEVELOPMENT

Schedule G (Form 990 or 990-EZ) 2016 COUNCIL, INC.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col (c)) | |
|-----------------|----|--|--------------------|---------------------|---|---------|
| | | HOLIDAY TEA 5K (event type) | 5K (event type) | 1 (total number) | | |
| Revenue | 1 | Gross receipts | 44,103. | 4,471. | 11,103. | 59,677. |
| | 2 | Less Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 44,103. | 4,471. | 11,103. | 59,677. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 6,185. | 1,798. | 6,095. | 14,078. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 14,078. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | 45,599. |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|--|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | |
| | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | |
| | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain _____

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCIL, INC.**

Employer identification number
61-0650246

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 filing 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 type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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 |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2016

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCIL, INC.** Employer identification number **61-0650246**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | | | | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | X | 250 | 118,544 | FAIR MARKET VALUE |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | | X |

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

Schedule M (Form 990) (2016)

KENTUCKY RIVER FoothILLS DEVELOPMENT

Schedule M (Form 990) (2016) COUNCIL, INC.

61-0650246

Page 2

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (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 **KENTUCKY RIVER FOOTHILLS DEVELOPMENT
COUNCIL, INC.** Employer identification number
61-0650246

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

PEOPLE AND CHANGING LIVES. KRFDK HAS A 54 YEAR HISTORY OF COMMUNITY
IMPROVEMENT AND PROMOTING SELF-SUFFICIENCY AMONG THE AREA'S LOW INCOME
POPULATION. FOUNDED IN WINCHESTER, KY IN 1962, THE AGENCY RECEIVED
DESIGNATION AS A COMMUNITY ACTION AGENCY TWO YEARS LATER.

KRFDK EMBRACES A PHILOSOPHY OF NEEDS-BASED STRATEGIES AND FAMILY-BASED
SERVICES LEADING TO FAMILY SELF-SUFFICIENCY AND ECONOMIC SELF-RELIANCE.
THE AGENCY PROVIDES A COMPREHENSIVE RANGE OF SERVICES FOR FAMILIES AND
INDIVIDUALS.

THE AGENCY EMPLOYS OVER 275 PEOPLE WHO REPRESENT A HIGHLY SKILLED,
PROFESSIONAL TEAM OF PROGRAM ADMINISTRATORS, TEACHERS, SOCIAL WORKERS,
COUNSELORS, TRANSPORTATION DRIVERS, AND HEALTH CARE PROVIDERS. KRFDK IS
GOVERNED BY A VOLUNTEER CORPORATE BOARD OF DIRECTORS WHOSE MEMBERS ARE
ACTIVE IN COMMUNITY SERVICE. STAFF ARE GUIDED BY EXECUTIVE DIRECTOR
VICKI JOZEFOWICZ, MPA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDES FREE WEATHERIZATION SERVICES TO INCOME-ELIGIBLE FAMILIES AND
INDIVIDUALS. THIS PROGRAM WORKS TO REDUCE THEIR HEATING/COOLING COSTS
AND IMPROVE THE SAFETY OF THEIR HOMES BY PROVIDING ENERGY EFFICIENCY
MEASURES. ON AVERAGE, WEATHERIZATION REDUCES ENERGY BILLS BY 20%. LAST
FY KRFDK WEATHERIZED/REPAIRED 35 HOMES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization **KENTUCKY RIVER FOOTHILLS DEVELOPMENT
COUNCIL, INC.**

Employer identification number
61-0650246

ARRAY OF HEALTH CARE AND RELATED SERVICES TO ESTILL AND POWELL COUNTIES THROUGH THE HEALTHCARE FOR THE HOMELESS PROGRAM, WHICH TAKES MEDICAL CARE OUT OF THE TRADITIONAL HOSPITAL-BASED SETTING AND BRINGS IT TO A POPULATION IN NEED OF HEALTH SERVICES. IN 2011, THE HEALTH & WELLNESS CENTER OPENED IN CLAY CITY TO SERVE THE NEEDS OF POWELL COUNTY. THIS 3,000 SQUARE FOOT FACILITY FEATURES FOUR EXAM ROOMS. SERVICES INCLUDE EXAMS, IMMUNIZATIONS, MEDICATIONS, AND REFERRALS. PERSONS MUST BE HOMELESS TO RECEIVE CARE THROUGH THE HCH PROGRAM. THE PROGRAM UTILIZES A SLIDING FEE SCALE AND ASSISTS PATIENTS WITH PAYMENT PLANS. THE CLINIC ALSO ACCEPTS MEDICARE AND MEDICAID AND MOST PRIVATE INSURANCES. LAST FY KRFDK PROVIDED ASSISTANCE TO 2,008 PARTICIPANTS AND HAD 5,916 ENCOUNTERS. KRFDK OPERATES A SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF) GRANT TO FINANCIALLY ASSIST VETERANS IN CENTRAL AND SOUTHEASTERN KENTUCKY WITH HOUSING STABILITY. THE SSVF PROJECT PROVIDES FINANCIAL AND SUPPORTIVE SERVICE ASSISTANCE TO VETERANS AND THEIR FAMILIES TO HELP THEM OVERCOME HOUSING BARRIERS. ALL FORMS OF PAYMENT MADE BY SSVF GO DIRECTLY TO THE LANDLORD, UTILITY COMPANY OR THIRD-PARTY VENDOR ON BEHALF OF THE VETERAN. FINANCIAL ASSISTANCE WILL NOT HAVE TO BE REPAID. LAST FY KRFDK PROVIDES PREVENTION ASSISTANCE TO 75 HOUSEHOLDS AND 169 INDIVIDUALS; THEY PROVIDED HOMELESS ASSISTANCE TO 153 HOUSEHOLDS AND 276 INDIVIDUALS.

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
FROM COURT OR JAIL. THE CENTER, A SUPPORTIVE HOUSING DEVELOPMENT, HAS 108 BEDS TO ACCOMMODATE THE NEEDS OF WOMEN IN KENTUCKY'S 6TH CONGRESSIONAL DISTRICT. LAST FY KRFDK SERVED 490 PARTICIPANTS AT LIBERTY PLACE. THE AGENCY'S AFFORDABLE HOUSING PROGRAM ASSISTS LOW AND MODERATE-INCOME HOUSEHOLDS THROUGH HOMEBUYER EDUCATION CLASSES AND**

| | |
|--|---|
| Name of the organization KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCIL, INC. | Employer identification number 61-0650246 |
|--|---|

ONE-ON-ONE HOMEOWNERSHIP COUNSELING TO PURCHASE HOMES. KRFDC USES GRANT FUNDS TO PROVIDE ASSISTANCE AND THE FAMILY SECURES A VERY LOW INTEREST LOAN TO COVER THE REMAINING COST. PERSONS LIVING AT OR BELOW A CERTAIN PERCENTAGE OF THE MEDIAN INCOME, INCLUDING HOMELESS PERSONS WHO ARE GRADUATES OF KRFDC'S SUPPORTIVE HOUSING PROGRAM ARE ELIGIBLE TO APPLY FOR THE PROGRAM. HOMEOWNERSHIP COUNSELING IS A FREE SERVICE OFFERED IN ESTILL AND POWELL COUNTIES. THIS SERVICE IS PROVIDED FOR FIRST TIME HOMEBUYERS WITH LOW TO MODERATE INCOMES AND EDUCATES PARTICIPANTS IN EVERY ASPECT OF THE HOME BUYING PROCESS. FOR FAMILIES WHO OWN THEIR HOMES, BUT NEED HELP MAINTAINING THEM, KRFDC OFFERS A VARIETY OF REHABILITATION SERVICES WHICH REDUCE A FAMILY'S HEATING AND COOLING COSTS WHILE INCREASING THEIR COMFORT. AND FOR THOSE FAMILIES WHO HAVE NO HOME AT ALL, KRFDC OFFERS RENTAL ASSISTANCE PROGRAMS SUCH AS SUPPORTIVE HOUSING, TRANSITIONAL HOUSING AND EMERGENCY RENTAL ASSISTANCE. TO HELP FAMILIES ACHIEVE OR REGAIN STABILITY, STAFF PROVIDE COUNSELING, BUDGETING, AND CRISIS ASSISTANCE ACCORDING TO THE CLIENTS' NEEDS. THE AGENCY MANAGES A LIMITED NUMBER OF AGENCY-OWNED RENTAL UNITS IN ESTILL, MADISON, AND POWELL COUNTIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 EMPLOYMENT & ECON DEVELOPMENT PROGRAMS- KRFDC'S TRANSPORTATION PROGRAM, FOOTHILLS EXPRESS, GIVES RIDERS THE OPPORTUNITY TO LIVE INDEPENDENTLY AND PARTICIPATE FULLY IN THEIR COMMUNITIES. RIDERS CAN DEPEND ON COURTEOUS DRIVERS AND SAFE, EFFICIENT TRANSPORTATION TO SCHOOL, WORK, SENIOR CITIZEN CENTERS, ADULT AND CHILD CARE CENTERS, MEDICAL FACILITIES, AND RECREATIONAL DESTINATIONS. IN ADDITION, FOOTHILLS EXPRESS PROVIDES SOCIAL ORGANIZATIONS, VOLUNTEER GROUPS, AND BUSINESSES WITH SPECIAL TRANSPORTATION FOR OCCASIONS WHEN BUS TRANSPORTATION IS

| | | | |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCIL, INC. | Employer identification number | 61-0650246 |
|--------------------------|---|--------------------------------|------------|

MORE EFFICIENT. FOOTHILLS EXPRESS OPERATES A PUBLIC DEVIATED-FIXED TRANSPORTATION ROUTE IN BERA, RICHMOND, AND WINCHESTER. THROUGHOUT THE WEEK, RIDERS ARE ABLE TO BOARD THE BUS AT ANY OF THE STOPS SET UP FOR ONLY \$1. THESE STOPS INCLUDE STORES, APARTMENT COMMUNITIES, CITY AND COUNTY OFFICES, AND BUSINESSES. WHEELCHAIR ASSISTED DOOR-TO-DOOR SERVICE IS AVAILABLE FOR NO ADDITIONAL COST AND BULK PASSES ARE AVAILABLE AT A DISCOUNTED RATE. THE MADISON CONNECTOR ROUTE OPERATES THROUGH THE WEEK AND LINKS THE CITIES OF BERA AND RICHMOND. AFTER REACHING THEIR DESTINATION IN EITHER BERA OR RICHMOND, RIDERS ARE ABLE TO CATCH A RIDE ON THE CITY TRANSIT ROUTES. FOOTHILLS EXPRESS ALSO PROVIDES A COMMUTER SERVICE FROM WINCHESTER AND RICHMOND TO DIFFERENT LOCATIONS IN THE LEXINGTON AREA TO ASSIST EMPLOYEES IN GETTING TO THEIR WORKPLACES. CONTINUING TO BUILD ON THE LONG-STANDING PARTNERSHIP BETWEEN EASTERN KENTUCKY UNIVERSITY AND KRFD, FOOTHILLS EXPRESS IS THE PROVIDER FOR CAMPUS TRANSIT SERVICES. LAST FY TRANSPORTATION PROVIDED 240,174 TRIPS.

EXPENSES \$ 2,504,216. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE ORGANIZATION'S FORM 990 IS PREPARED BY THE FINANCIAL STATEMENT AUDITOR, REVIEWED BY MANAGEMENT AND SUBMITTED TO THE BOARD FOR APPROVAL BEFORE IT IS FILED.

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

PERIODICALLY, KEY EMPLOYEES, DIRECTORS AND BOARD MEMBERS ARE SURVEYED TO DETERMINE ANY POTENTIAL CONFLICTS OF INTEREST. FURTHERMORE, POLICY DICTATES THAT ANY EMPLOYEE, DIRECTOR, OR BOARD MEMBER WHO BECOMES AWARE OF A CONFLICT OF INTEREST IS TO REPORT THE CONFLICT TO THE BOARD OF DIRECTORS'

Name of the organization KENTUCKY RIVER Foothills DEVELOPMENT
COUNCIL, INC.

Employer identification number
61-0650246

IMMEDIATELY. FAILURE TO COMPLY WITH THIS POLICY MAY RESULT IN TERMINATION,
REFERRAL FOR CRIMINAL PROSECUTION, AND/OR REIMBURSEMENT TO THE AGENCY OR
GOVERNMENT AGENCY FOR ANY LOSS INCURRED AS A RESULT OF THE VIOLATION.

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

THE BOARD OF DIRECTORS COMPLETES AN ANNUAL PERFORMANCE REVIEW FOR THE
EXECUTIVE DIRECTOR, AND A SALARY STUDY OF EXECUTIVE DIRECTORS OF OTHER
KENTUCKY COMMUNITY ACTION AGENCIES IS PRESENTED TO ALL BOARD MEMBERS PRIOR
TO THE BOARD APPROVING ANY SALARY INCREASES.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT
OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

NO CHANGE IN PROCESS

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?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | Yes | No |
|-----|-------------------------------------|-------------------------------|------------------------|--|-----|----|
| (1) | EASTERN SCHOLAR HOUSE, LLLP | D | 29,765 | FAIR MARKET VALUE | | X |
| (2) | | | | | | X |
| (3) | | | | | | X |
| (4) | | | | | | X |
| (5) | | | | | | X |
| (6) | | | | | | X |

Part VII Supplemental Information.

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

EASTERN SCHOLAR HOUSE, LLLP

DIRECT CONTROLLING ENTITY: KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCIL,
INC.