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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

2005

Open to Public
Inspection

A For the 2005 calendar year, or tax year beginning

02/01, 2005, and ending 01/31/2006

Check if applicable	
Address change	<input type="checkbox"/>
Name change	<input type="checkbox"/>
Initial return	<input type="checkbox"/>
Final return	<input type="checkbox"/>
Amended return	<input type="checkbox"/>
Application pending	<input type="checkbox"/>

Please use IRS label or print or type	<input type="checkbox"/>
See Specific Instructions	<input type="checkbox"/>

C Name of organization FORT LOGAN DERBY-WRIGHT FOUNDATION INC

SAMUEL C. MATHENY F710

Number and street (or P O box if mail is not delivered to street address)

474 W 3RD STREET

Room/suite

City or town, state or country, and ZIP + 4

LEXINGTON, KY 40508-3512

D Employer Identification Number
61-1369633

E Telephone number

(859) 266-4737

F Accounting method
 Cash Accrual
 Other (specify) ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ► N/A

J Organization type (check only one) ► 501(c) (03) ◀ (insert no) 4947(a)(1) or 527K Check here ► if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ►

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ►

M Check ► if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 343,203.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

1 Contributions, gifts, grants, and similar amounts received			
a Direct public support	<input type="checkbox"/>	1a	
b Indirect public support	<input type="checkbox"/>	1b	
c Government contributions (grants)	<input type="checkbox"/>	1c	
d Total (add lines 1a through 1c) (cash \$ <input type="checkbox"/> noncash \$ <input type="checkbox"/>)		1d	
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2	
3 Membership dues and assessments		3	
4 Interest on savings and temporary cash investments		4	
5 Dividends and interest from securities		5	17,459.
6 a Gross rents	<input type="checkbox"/>	6a	
b Less rental expenses	<input type="checkbox"/>	6b	
c Net rental income or (loss) (subtract line 6b from line 6a)		6c	
7 Other investment income (describe) ►		7	
8 a Gross amount from sales of assets other than inventory	(A) Securities <input type="checkbox"/> (B) Other <input type="checkbox"/>	8a	
b Less cost or other basis and sales expenses	325,744. <input type="checkbox"/> 8b		
c Gain or (loss) (attach schedule)	281,559. <input type="checkbox"/> 8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	44,185. <input type="checkbox"/> 8d		44,185.
9 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>			
a Gross revenue (not including \$ contributions reported on line 1a)	<input type="checkbox"/>	9a	
b Less direct expenses other than fundraising expenses	<input type="checkbox"/>	9b	
c Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
10 a Gross sales of inventory, less returns and allowances	<input type="checkbox"/>	10a	
b Less cost of goods sold	<input type="checkbox"/>	10b	
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
11 Other revenue (from Part VII, line 103)		11	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	61,644.
13 Program services (from line 44, column (B))		13	4,574.
14 Management and general (from line 44, column (C))		14	
15 Fundraising (from line 44, column (D))		15	
16 Payments to affiliates (attach schedule)		16	
17 Total expenses (add lines 16 and 44, column (A))		17	4,574.
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18	57,070.
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	395,839.
20 Other changes in net assets or fund balances (attach explanation)		20	-12,719.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	440,190.

Revenue

SCANNED AUG 19 2010

Expenses

Net Assets

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005) P

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	22				
(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>					
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	NONE			
26 Other salaries and wages	26				
27 Pension plan contributions	27	NONE			
28 Other employee benefits	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)	43a	4,574.	4,574.		
a INVESTMENT FEES	43b				
b	43c				
c	43d				
d	43e				
e	43f				
f	43g				
g					
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	4,574.	4,574.		

Joint Costs. Check ► if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ► Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Form 990 (2005)

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►HEALTH SERVICE SUPPORT ORGANIZATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)

a THE EXEMPT ORGANIZATION PROVIDES SUPPORT FOR HEALTH SERVICES

(Grants and allocations \$) If this amount includes foreign grants, check here ►

4,574.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ►

c

(Grants and allocations \$) If this amount includes foreign grants, check here ►

d

(Grants and allocations \$) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ►

f Total of Program Service Expenses (should equal line 44, column (B), Program services), ►

4,574.

Form 990 (2005)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			
Assets				
45	Cash - non-interest-bearing	63,744.	45	50,366.
46	Savings and temporary cash investments		46	
47a	Accounts receivable	47a		
b	Less allowance for doubtful accounts	47b		47c
48a	Pledges receivable	48a		
b	Less allowance for doubtful accounts	48b		48c
49	Grants receivable			49
50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less allowance for doubtful accounts	51b		51c
52	Inventories for sale or use			52
53	Prepaid expenses and deferred charges			53
54	Investments - securities (attach schedule)	► <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	332,095.	54 389,824.
55a	Investments - land, buildings, and equipment basis	55a		
b	Less accumulated depreciation (attach schedule)	55b		55c
56	Investments - other (attach schedule)			56
57a	Land, buildings, and equipment basis	57a		
b	Less accumulated depreciation (attach schedule)	57b		57c
58	Other assets (describe ► _____)			58
59	Total assets (must equal line 74) Add lines 45 through 58	395,839.	59	440,190.
Liabilities				
60	Accounts payable and accrued expenses			60
61	Grants payable			61
62	Deferred revenue			62
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
64a	Tax-exempt bond liabilities (attach schedule)			64a
b	Mortgages and other notes payable (attach schedule)			64b
65	Other liabilities (describe ► _____)			65
66	Total liabilities. Add lines 60 through 65			66
Net Assets or Fund Balances				
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted			67
68	Temporarily restricted			68
69	Permanently restricted			69
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74			
70	Capital stock, trust principal, or current funds			70
71	Paid-in or capital surplus, or land, building, and equipment fund			71
72	Retained earnings, endowment, accumulated income, or other funds	395,839.	72	440,190.
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	395,839.	73	440,190.
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	395,839.	74	440,190.

Part IV-A. Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . NOT APPLICABLE . . .	a
b	Amounts included on line a but not on Part I, line 12	
1	Net unrealized gains on investments	b1
2	Donated services and use of facilities	b2
3	Recoveries of prior year grants	b3
4	Other (specify) _____	b4
Add lines b1 through b4		b
c	Subtract line b from line a	c
d	Amounts included on Part I, line 12, but not on line a:	
1	Investment expenses not included on Part I, line 6b	d1
2	Other (specify) _____	d2
Add lines d1 and d2		d
e	Total revenue (Part I, line 12) Add lines c and d ►	e
Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
a	Total expenses and losses per audited financial statements NOT APPLICABLE . . .	a
b	Amounts included on line a but not on Part I, line 17	
1	Donated services and use of facilities	b1
2	Prior year adjustments reported on Part I, line 20	b2
3	Losses reported on Part I, line 20	b3
4	Other (specify) _____	b4
Add lines b1 through b4		b
c	Subtract line b from line a	c
d	Amounts included on Part I, line 17, but not on line a:	
1	Investment expenses not included on Part I, line 6b	d1
2	Other (specify) _____	d2
Add lines d1 and d2		d
e	Total expenses (Part I, line 17) Add lines c and d ►	e

Part V Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 2		NONE	NONE	NONE

Part VI Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A	89b	X
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Enter Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a List the states with which a copy of this return is filed ►		
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90b	NONE
91 a The books are in care of ► SAMUEL MATHENY	Telephone no	859-323-6418
Located at ► 474 W 3RD STREET LEXINGTON, KY	ZIP + 4	40508
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
If "Yes," enter the name of the foreign country ►		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
If "Yes," enter the name of the foreign country ►		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	NONE

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate a debt-financed property			14	17,459.	
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory		18		44,185.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				61,644.	
105 Total (add line 104, columns (B), (D), and (E)) ►					61,644.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	► <i>Samuel C. Matheny</i> Signature of officer	► <i>6/14/10</i> Date		
	► <i>Samuel C. Matheny, MD President</i> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ► <i>John T. Miller</i>	Date 06/14/2010	Check if self-employed ► <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) P00249150
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>MILLER MAYER SULLIVAN & STEVENS LLP 2365 HARRODSBURG ROAD, SUITE A-100 LEXINGTON, KY 40504</i>	EIN ► 61-0866166		
		Phone no ►	859-223-3095	

Form 990 (2005)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust)

Supplementary Information - (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Name of the organization **FORT LOGAN DERBY-WRIGHT FOUNDATION INC**
SAMUEL C. MATHENY

Employer identification number
61-1369633

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE		NONE	NONE	NONE
Total number of other employees paid over \$50,000 . . ►	NONE			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ►	NONE	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ►	NONE	

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 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 charitable, etc, 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) (Also complete the **Support Schedule** in Part IV-A)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above
FORT LOGAN HOSPITAL & SERVICE AREA	07

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting NOT APPLICABLE**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17.					
25 Enter 1% of line 23.					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE . . . ► 26a					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ► 26b					
c Total support for section 509(a)(1) test Enter line 24, column (e) ► 26c					
d Add Amounts from column (e) for lines. 18 _____ 19 _____ 22 _____ 26b _____ ► 26d					
e Public support (line 26c minus line 26d total) ► 26e					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ► 26f %					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year NOT APPLICABLE (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ► 27c					
d Add Line 27a total and line 27b total ► 27d					
e Public support (line 27c total minus line 27d total) ► 27e					
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ► 27f					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ► 27g %					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► 27h %					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions) **NOT APPLICABLE**
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----	31	
32 Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32a	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) -----	32b	
33 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities?	33c	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----	33d	
34 a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34a	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

• (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check <input type="checkbox"/> a	if the organization belongs to an affiliated group	Check <input type="checkbox"/> b	if you checked "a" and "limited control" provisions apply			
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)				(a) Affiliated group totals	(b) To be completed for ALL electing organizations	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .		36			
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .		37			
38	Total lobbying expenditures (add lines 36 and 37)		38			
39	Other exempt purpose expenditures		39			
40	Total exempt purpose expenditures (add lines 38 and 39)		40			
41	Lobbying nontaxable amount Enter the amount from the following table -		If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42	Grassroots nontaxable amount (enter 25% of line 41)			42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36			43		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38			44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
Calendar year (or fiscal year beginning in) ►					
Lobbying nontaxable amount					
45					
Lobbying ceiling amount (150% of line 45(e)) . . .					
46					
47 Total lobbying expenditures					
Grassroots nontaxable amount					
48					
Grassroots ceiling amount (150% of line 48(e)) . . .					
49					
Grassroots lobbying expenditures					
50					

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

If "Yes," to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
-----	-----
UNREALIZED LOSSES	12,719.
TOTAL	12,719.
=====	=====

FORT LOGAN DERBY-WRIGHT FOUNDATION INC

61-1369633

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE 'ACCT AND OTHER ALLOWANCES
SAMUEL C MATHENY 474 W 3RD STREET LEXINGTON, KY 40508-3512	PRESIDENT 1	NONE	NONE	NONE
ALFRED HARRIS PENCE, JR 474 W 3RD STREET LEXINGTON, KY 40508-3512	CHAIRMAN 1	NONE	NONE	NONE
DICKIE COOPER 474 W 3RD STREET LEXINGTON, KY 40508-3512	DIRECTOR 1	NONE	NONE	NONE
WILLIAM PENCE 474 W 3RD STREET LEXINGTON, KY 40508-3512	DIRECTOR 1	NONE	NONE	NONE
MICHAEL RANKIN 474 W 3RD STREET LEXINGTON, KY 40508-3512	DIRECTOR 1	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

2005

Name of estate or trust

FORT LOGAN DERBY-WRIGHT FOUNDATION INC
SAMUEL C. MATHENY

Employer identification number

61-1369633

Note: Form 5227 filers need to complete **only** Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 34)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
1 SEE STATEMENT 1			166,181.	149,945.	16,236.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824				2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts				3	
4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2004 Capital Loss Carryover Worksheet				4	()
5 Net short-term gain or (loss). Combine lines 1 through 4 in column (f) Enter here and on line 13, column (3) below ►				5	16,236.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 34)	(f) Gain or (Loss) for the entire year (col. (d) less col. (e))
6 SEE STATEMENT 2			159,563.	131,614.	27,949.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824				7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts				8	
9 Capital gain distributions				9	
10 Gain from Form 4797, Part I				10	
11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2004 Capital Loss Carryover Worksheet				11	()
12 Net long-term gain or (loss). Combine lines 6 through 11 in column (f) Enter here and on line 14a, column (3) below ►				12	27,949.

Part III Summary of Parts I and II

Caution: Read the instructions before completing this part.

	(1) Beneficiaries' (see page 36)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		16,236.
14 Net long-term gain or (loss):			
a Total for year	14a		27,949.
b Unrecaptured section 1250 gain (see line 18 of the worksheet on page 35).	14b		
c 28% rate gain or (loss)	14c		
15 Total net gain or (loss). Combine lines 13 and 14a ►	15		44,185.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4. If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

For Paperwork Reduction Act Notice, see the instructions for Form 1041.

Schedule D (Form 1041) 2005

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4, the **smaller of**
 a The loss on line 15, column (3) or
 b \$3,000

16

(

If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22, is a loss, complete the **Capital Loss Carryover Worksheet** on page 37 of the instructions to determine your capital loss carryover

Part V Tax Computation Using Maximum Capital Gains Rates (Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22 is more than zero)

Note: If line 14b, column (2) or line 14c, column (2) is more than zero, complete the worksheet on page 38 of the instructions and skip Part V. Otherwise, go to line 17

17 Enter taxable income from Form 1041, line 22

18 Enter the **smaller of** line 14a or 15 in column (2) but not less than zero

19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2)

20 Add lines 18 and 19

21 If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ►

22 Subtract line 21 from line 20 If zero or less, enter -0-

23 Subtract line 22 from line 17 If zero or less, enter -0-

24 Enter the **smaller of** the amount on line 17 or \$2,000

25 Is the amount on line 23 equal to or more than the amount on line 24?
 Yes. Skip lines 25 through 27, go to line 28 and check the "No" box
 No. Enter the amount from line 23

26 Subtract line 25 from line 24

27 Multiply line 26 by 5% (05)

28 Are the amounts on lines 22 and 26 the same?
 Yes. Skip lines 28 through 31, go to line 32
 No. Enter the **smaller of** line 17 or line 22

29 Enter the amount from line 26 (If line 26 is blank, enter -0-)

30 Subtract line 29 from line 28

31 Multiply line 30 by 15% (15)

32 Figure the tax on the amount on line 23 Use the 2005 Tax Rate Schedule on page 23 of the instructions

33 Add lines 27, 31, and 32

34 Figure the tax on the amount on line 17 Use the 2005 Tax Rate Schedule on page 23 of the instructions

35 **Tax on all taxable income.** Enter the **smaller of** line 33 or line 34 here and on line 1a of Schedule G, Form 1041

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FORT LOGAN DERBY-WRIGHT FOUNDATION INC
Schedule D Detail of Short-term Capital Gains and Losses

61-1369633

Schedule D Detail of Long-term Capital Gains and Losses