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Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 03/20, 2008, and ending 06/30/2008

B Check if applicable: Address change, Name change, Initial return (X), Termination, Amended return, Application pending. C Name of organization: OWENSBORO/DAVISS COUNTY REGIONAL DENTAL CLINIC, INC. D Employer identification number: 26-2343126 E Telephone number: (270) 691-6205 F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: X Cash, Accrual. H Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: J Organization type (check only one): X 501(c)(3), 4947(a)(1) or 527. K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 4,000.

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

Table with 21 rows for Revenue (lines 1-9) and Net Assets (lines 10-21). Includes a 'RECEIVED' stamp from IRS-DSC dated FEB 20 2010.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows for Balance Sheets (lines 22-27) with columns for (A) Beginning of year and (B) End of year.

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

| | | Yes | No |
|-----|---|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T | | |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| 35b | b If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | |
| 37b | b Did the organization file Form 1120-POL for this year? | | X |
| 38a | Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | X |
| 38b | b If "Yes," complete Schedule L, Part II and enter the total amount involved | | |
| 39 | Section 501(c)(7) organizations. Enter | | |
| 39a | a Initiation fees and capital contributions included on line 9 | | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____ | | |
| 40b | b Section 501(c)(3) and (4) organizations 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," complete Schedule L, Part I | | X |
| 40c | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | |
| 40d | d Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| 40e | e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | X |
| 41 | List the states with which a copy of this return is filed ▶ KY, | | |
| 42a | The books are in care of ▶ LINDA BOSWELL Telephone no ▶ (270) 691-6205 Located at ▶ 2315 MAYFAIR DRIVE OWENSBORO, KY ZIP + 4 ▶ 42301 | | |
| 42b | b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| | 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. | | |
| 42c | c At any time during the calendar year, did the organization maintain an office outside of the U S ? | | X |
| | If "Yes," enter the name of the foreign country ▶ _____ | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |

Part III 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | 4,000. | 4,000. |
| 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 1-3 | | | | | 4,000. | 4,000. |
| 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 | | | | | | 4,000. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|-----------|-------------------------------------|
| 7 Amounts from line 4. | | | | | 4,000. | 4,000. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 4,000. |
| 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 501(c)(3) organization, check this box and stop here | | | | | | <input checked="" type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|--------------------------|---|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | % |
| 16a 33 1/3% support test - 2008. 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 | <input type="checkbox"/> | |
| b 33 1/3% support test - 2007. 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 | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test - 2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 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 | <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. 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 - 2007. 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.

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION

END
OF YEAR

CASH

4,000.

TOTALS

4,000.
=====

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TO PROVIDE BASIC DENTAL SERVICES TO LOW-INCOME INDIVIDUALS AND
FAMILIES THAT EITHER HAVE NO FORM OF DENTAL INSURANCE OR MEDICAID.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====

PROGRAM SERVICE ACCOMPLISHMENT 1

TO PROVIDE DENTAL CARE TO CHILDREN OF LOW INCOME FAMILIES AND LOW INCOME UNDERSERVED ADULTS. (THERE WERE NO PROGRAM SERVICE EXPENSES DURING THE FISCAL YEAR DUE TO THE FACT THAT THE CLINIC WAS NOT READY FOR OPERATION UNTIL AUGUST OF 2009.)

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT. AND OTHER ALLOWANCES |
|--|--|--------------|---|--|
| RODNEY BERRY 401 FREDERICA ST OWENSBORO, KY 42301 | PRESIDENT 5. | NONE | NONE | NONE |
| KEITH SANDERS 408 ST. CLAIRE DRIVE OWENSBORO, KY 42301 | SECRETARY 1. | NONE | NONE | NONE |
| J. A. T. MOUNTJOY 1501 BRECKENRIDGE STREET OWENSBORO, KY 42303 | TREASURER 5. | NONE | NONE | NONE |
| KATHRYN MURPHY 601 FOUST AVENUE OWENSBORO, KY 42301 | VICE PRESIDENT 1. | NONE | NONE | NONE |
| CHERYL BROWN 1006 FORD AVENUE OWENSBORO, KY 42301 | DIRECTOR 1. | NONE | NONE | NONE |
| BARRY CARDEN 1401 FREDERICA STREET OWENSBORO, KY 42301 | DIRECTOR 1. | NONE | NONE | NONE |
| SONYA DIXON 2070 TAMARACK ROAD OWENSBORO, KY 42301 | DIRECTOR 1. | NONE | NONE | NONE |
| JAMES MICHAEL JOHNSON, DMD 722 HARVARD DRIVE OWENSBORO, KY 42301 | DIRECTOR 1. | NONE | NONE | NONE |

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT. AND OTHER ALLOWANCES |
|---|--|--------------|---|------------------------------------|
| NOEL MADDOX, DMD 2421 NORTH STRATFORD OWENSBORO, KY 42301 | DIRECTOR 1. | NONE | NONE | NONE |
| GRAND TOTALS | | | | |
| | | NONE | NONE | NONE |

Form **4571**
(Revised May 1979)

Department of the Treasury - Internal Revenue Service

Explanation for Filing Return Late or Paying Tax Late

| | |
|---|--|
| Taxpayer's Name and Address (as shown on return) OWENSBORO/DAVISS COUNTY REGIONAL DENTAL CLINIC, INC. 2315 MAYFAIR DRIVE, STE 32 OWENSBORO, KY 42301 | Employer Identification or Social Security No. 26-2343126 |
| | Spouse's Social Security Number (if joint return) |
| | Form Number 990-EZ |

I did not file the above tax form or pay the required tax on time because:
THE OFFICERS DID NOT REALIZE THAT THE CORPORATION HAD TO FILE A RETURN SINCE THERE WAS NO ACTIVITY PRIOR TO JUNE 30, 2008 IT WAS LATER DISCOVERED THAT A CONTRIBUTION OF \$4,000 WAS IN FACT RECEIVED ON JUNE 28, 2008 AND THAT A RETURN SHOULD HAVE BEEN FILED FOR THE PERIOD ENDED 6/30/2008 PROCEDURES ARE CURRENTLY IN PLACE TO ASSURE TIMELY FILINGS IN THE FUTURE WE RESPECTFULLY REQUEST THAT NO LATE FILING PENALTIES BE ASSESSED DUE TO REASONABLE CAUSE

(Continue on back, if necessary)

| | | | |
|---|------|---|----------------|
| Under penalties of perjury, I declare that the above statement, to the best of my knowledge and belief, is true, complete, and correct. | Sign | Taxpayer, Partner, Officer, etc. ▶ <i>Boyd B. King</i> Board Chair | Date 2/2/10 |
| | Here | Spouse (if a joint return was filed) or Title (partner, officer, etc.) ▶ | Date |