

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

2008

Open to Public Inspection

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations 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 ca	alendar	ear, or tax year beginning 7/01	, 2008, and end	ling 6/30		2009	
		Check if applicable		C				entification number	
		7 '					61-1155497		
		Name change label or print or PO Box 296							
		Initial return Type. Dixon, KY 42409					270-6	39-5042	
	\equiv	Termination	See Specific						
_	-	Amended return Application pending	Instruc- tions			N	umber	emption	
		• Section 5	501(c)(3 just atta	organizations and 4947(a)(1) nonexempt char h a completed Schedule A (Form 990 or 990-E	100/0 1/0010	 Accounting meth Other (specify) 		Cash Accrual	
ı	ι '	Website: ► <u>N</u>	I/A				h Sched	anızatıon ıs not lule B (Form 990,	
2		Organization type			947(a)(1) or 527	.	<u> </u>		
_		\$25,000 A retu	ırn ıs no	nization is not a section 509(a)(3) supporting o required, but if the organization chooses to file	e a return, be sure to	file a complete reti		not more than	
,		instead of Forn	n <u>990-E</u>				► \$	134,516.	
[Pa			xpenses, and Changes in Net Assets	or Fund Balance	es (See the insti	<u>uction</u>	s for Part I)	
				s, grants, and similar amounts received			1		
	- 1			evenue including government fees and contrac	ts		3	2 200	
			•	and assessments			4	3,300. 68,011.	
		4 Investme		e m sale of assets other than inventory	5a		-	00,011.	
				r basis and sales expenses	5b		1		
	R			e of assets other than inventory (Subtract In 5b from In 5a)			5 c		
	EV		.,	ivities (complete applicable parts of Schedule G) If any amo	, ,	k here			
	REVEN	•		of contrib					
	E	reported			6a				
				nses other than fundraising expenses	6b				
		c Net income	or (loss)	om special events and activities (Subtract line 6b from line	6a)		6c		
		7a Gross sa	les of ir	rentory, less returns and allowances	7a		4		
		b Less cos	_		7Ь		↓ <u>.</u>		
Û		•	•	ss) from sales of inventory (Subtract line 7b from	om line 7a)		7c	62.005	
2010	ŀ	8 Other reven	当他为	Statement 1) [8	63,205.	
6	_			5c, 6c, 7c, and 8)			9	134,516.	
₩		10 Grants and similar amounts pal dattach schedule) See Statement 2				atement 2	10	110,417.	
FB	E	11 Benefits	PART!	g 18r 20 MDer			11	 	
	E X P	12 Salanes,	other c	mpensation, and employee benefits and other-payments to independent contractor	_		12	446.	
<u> </u>	E N	13 Profession	nai ree	and other payments to independent contractor	S		14	229.	
W .	S E	14 Occupand 15 Printing,	€.	때(Nes Jah) main enance ons, postage, and shipping			15	223.	
<u> </u>	s)	16	42,421.	
5		16 Other expenses (describe ► See Statement 3) 17 Total expenses (add lines 10 through 16)					17	153,513.	
	ᅥ) for the year (Subtract line 17 from line 9)			18	-18,997.	
D	А			•		ree with and of year		20,0000	
	N S	19 Net asset	ts or tur ported o	d balances at beginning of year (from line 27, on prior year's return).	olumn (A)) (must ag	ree with end-of-year	19	1,054,421.	
	ᅣ튀			net assets or fund balances (attach explanation	n) See St	atement 4	20	367,321.	
	S		-	d balances at end of year Combine lines 18 thi		•	21	1,402,745.	
[Pa			ieets. If Total assets on line 25, column (B) ar		e, file Form 990 ins	ead of F	orm 990-EZ	
		· · · · · · · · · · · · · · · · · · ·	_	(See the instructions for Part II)		(A) Beginning of ye		(B) End of year	
	22	Cash, saving	s, and i	vestments		163,374		369,620.	
	23	Land and bui	ldıngs		. [23		
	24		(descri	e <u>See Statement 5</u>	<u> </u>	891,047		1,036,542.	
		Total assets				1,054,421		1,406,162.	
				be ► <u>See Statement 6</u>	, <u>a.</u> ,		26	3,417.	
	27	Net assets or	r tund b	lances (line 27 of column (B) must agree with	line 21)	1,054,421	L . 27	1,402,745.	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

P. 0. Box 296		990 EZ (2008) Webster County				-11	55497 r	Page 2
Describe what was achieved in carrying oil the organization's evempt purposes in a clear and concise manner, and 49 organizations and organization and companies and an activities of the incident of the inci	Par	t III ,Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses	
describe the services provided, the number of persons benefited, of offer relevant information for each (60 offers) 28 See Statement 8 [Grants 3	What	is the organization's primary exempt purpose? Se	<u>e Statement 7_</u>			(Req	juired for 501(c)(3	3)
28 See Statement 8 Grants S) If this amount includes foreign grants, check here 29a 110, 417 29 Grants S) If this amount includes foreign grants, check here 29a 30a 30 Grants S) If this amount includes foreign grants, check here 29a 30a 31 Other program services (attach schedule) (arants 5) If this amount includes foreign grants, check here 5 3a 3a 37 Ottal program service expenses (add lines 28 through 31a) 27 Total program service expenses (add lines 28 through 31a) 32 Total program service expenses (add lines 28 through 31a) (a) Other program service expenses (add lines 28 through 31a) (b) Other program service expenses (add lines 28 through 31a) (a) Other program service expenses (add lines 28 through 31a) (b) Other program service expenses (add lines 28 through 31a) (a) Other program service expenses (add lines 28 through 31a) (b) Other program service expenses (add lines 28 through 31a) (c) Other program service expenses (add lines 28 through 31a) (a) Other program service expenses (add lines 28 through 31a) (b) Other program service expenses (add lines 28 through 31a) (c) Other program service expenses (add lines 28 through 31a) (c) Other programs (add lines 20 through 31a) (a) Other programs (add lines 20 through 31a) (b) Other programs (add lines 20 through 31a) (c) Other programs (add lines 31a) (c) Other progr	Desc	cribe what was achieved in carrying out the	je organization's exempt purp	oșes în a clear and co	oncise manner,	and	(4) organizations	and
Grants S) If this amount includes foreign grants, check here 29a	pron	ribe the services provided, the number of ram title	f persons benefited, or other	relevant information for	r each	1494/	(a)(1) trusts, opti	ionai
Grants \$) If this amount includes foreign grants, check here						1.01.0	Thera y	
Cizants S It this amount includes foreign grants, check here	20	see statement o				ł		
Cizants S It this amount includes foreign grants, check here						ļ		
Cizants S It this amount includes foreign grants, check here								
29 (Grants \$) If this amount includes foreign grants, check here		(Grants \$) If the	nis amount includes foreign g	rants, check here	▶ □	28 a	110,	417.
(Grants \$) If this amount includes foreign grants, check here	29							
Claims S The program services (attach schedule) This amount includes foreign grants, check here						1		
Claims S The program services (attach schedule) This amount includes foreign grants, check here						ł		
Claims S The program services (attach schedule) This amount includes foreign grants, check here								
Clarinis 5 The samount includes foreign grants, check here The samount includes foreign grants grants grants grants grants grants grants gra		(Grants \$) If the	nis amount includes foreign g	rants, check here	▶│	29 a		
31 Other program services (atlach schedule) (Grants 5) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated set in instits; (a) Name and address (b) Thie and everage hours per to position Steven Whitsell P.O. Box 296 Dixon, KY 42409 Dixon, KY 42409 Dixon, KY 42409	30							
31 Other program services (atlach schedule) (Grants 5) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated set in instits; (a) Name and address (b) Thie and everage hours per to position Steven Whitsell P.O. Box 296 Dixon, KY 42409 Dixon, KY 42409 Dixon, KY 42409						1		
31 Other program services (atlach schedule) (Grants 5) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated set in instits; (a) Name and address (b) Thie and everage hours per to position Steven Whitsell P.O. Box 296 Dixon, KY 42409 Dixon, KY 42409 Dixon, KY 42409						-		
31 Other program services (atlach schedule) (Grants 5) If this amount includes foreign grants, check here 32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated set in instits; (a) Name and address (b) Thie and everage hours per to position Steven Whitsell P.O. Box 296 Dixon, KY 42409 Dixon, KY 42409 Dixon, KY 42409		(Crapte \$	us amount includes foreign a	ranta shash bara		20		
(Grants \$ 1 11 his amount includes foreign grants, check here	21			ants, thetk here		30 a		
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated See the instrist) (a) Name and address (b) Title and average hours (c) Compensation (if not paid, enter-0-) and addrered compen	31	· ·	•					
Part IV List of Officers, Directors Trustees, and Key Employees. (List each one even if not compensated See the insits			nis amount includes foreign gi	rants, check here				
(a) Name and address (b) Title and average hours (c) Compensation (f) Contributions to per week devoted to position Steven Whitsell Chairman O.								
(a) Name and address per week devoted to position of paid, enter-0-) employee thenthe plans and other allowance deferred compensation of the position of paid, enter-0-) employee thenthe plans and other allowance deferred compensation of the position of paid, enter-0-) employee thenthe plans and other allowance deferred compensation of the position of the position of the position of the paid and other allowance deferred compensation of the position of the pos	Par	t IV List of Officers, Directors	, Trustees, and Key Em	ployees. (List each o	ne even if not coi	mpen	sated See the in:	strs)
(a) Name and address per week devoled to position of paid, enter-0-) employee thenlit plans and elefered compensation of the paid position of paid per week devoled to position of the paid per week devoled to paid per week devoled to position of the paid per week devoled to paid per wee		-	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense acc	count
Steven Whitsell Chairman 0. 0. 0. 0 Dixon, KY 42409		(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allow	ances
P.O. Box 296 Dixon, KY 42409			<u> </u>		deferred compensa	ition		
Dixon, KY 42409	Ste	even_Whitsell	Chairman	0.		0.		0.
Dixon, KY 42409	P.0). Box 296	1 o					
			1					
BAA TEFARSIZ DIVARD Form 990,F7 (200)		1011, 111 12105						
BAA TEFARRIN DIVARD Form 990,F7 /200								
BAA TEFARSIN DIVARD Form 990.F7 (200)					i			
BAA TEARRY OUANG Form 990.F7 (200)								
BAA TEARRY OUGHS Form 990.F7 (200.								
BAA TEFARRY DUAINS Form 990-F7 (200								
BAA TEFARSU QUAINS Form 990-F7 (200)							i	
BAA TEFARRIN OLIVAIRA Form 990.F7 (200)								
BAA TEFARSIN OLIVATION Form 990.F7 (200)								
BAA TEFARSIN OULAND FOR 990.E7 (200					1			
BAA TEFANSIN OLIANO Form 990.E7 (200)			1					
BAA TEFARRIZI OUTATION Form 990.E7 (200)				•				
BAA TEFARRIZI DIVIAIOS Form 990.E7 (200)			1					
BAA TEFARSIZI DIVIAIOS Form 990.F7 (200)								
BAA TEFAORIZI OUIAIOO Form 990.F7 (200)								
BAA TEFARRIZI QUIAIPO Form 990.F7 (200)								
BAA TEFAORIZI QUIAIOS Form 990.F7 (200)]					
BAA TEFAORIZI 01/14/09 Form 990.F7 (200)								
BAA TEFAORIZI DIVIAIOS Form 990.F7 (200)			· · · · · · · · · · · · · · · · · · ·		 			
BAA TEFAORIZI OLIJAJO9 Form 990-F7 (200)								
BAA TEFAORIZI 01/14/09 Form 990.F7 (200)					·			
BAA TEFAORIZI 01/14/09 Form 990-F7 (200)	_				<u> </u>			
BAA TEFAORIZI DIJIAIO9 Form 990.F7 (200)								
BAA TEFAORIZI DIVIAIOS Form 990.F7 (200)								
BAA TEFAORIZI 01/14/09 Form 990.F7 (200)			 					
BAA TEFAORIZI 01/14/09 Form 990.F7 (200)							····	
BAA TEFAORIZI 01/14/09 Form 990-F7 (200)					-			
BAA TEFAORIZI 01/14/09 Form 990-F7 (200)								
BAA TEFAORIZI 01/14/09 Form 990-F7 (200)					}			
BAA TEFAORIZI 01/14/09 Form 990-F7 (200)					 		 	
BAA TEFAORIZI 01/14/09 Form 990-F7 (200)							Ì	
BAA TEFAORIZI 01/14/09 Form 990-F7 (200)								
BAA TEFAORIZI 01/14/09 Form 990-F7 (200)					L			
BAA TEFAORIZI 01/14/09 Form 990-F7 (200)								
BAA TEFAORIZI 01/14/09 Form 990-F7 (200)			1					
BAA TEFAORIZI 01/14/09 Form 990.F7 (200)								
BAA TEFAORI21 01/14/09 Form 990-F7 (200)					 			
BAA TEFAORI21 01/14/09 Form 990-F7 (200)								
BAA TEFAORI21 01/14/09 Form 990.F7 (200)								
BAA TEFAN8121 01/14/09 Form 990-F7 (200)								
1 01111 330-FF (500)	BAA		TEEA0812L 0	1/14/09	·		Form 990-EZ	(2008)

Page 2

	The transfer of the state of th		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		163	140
	each activity	33	ļ	X
34 35	, and the state of	34		X
33	attach a statement explaining your reason for not reporting the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		^
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?			.,
37	If 'Yes,' complete applicable parts of Schedule N a Enter amount of political expenditures, direct or indirect, as described in the instructions	36		X
	b Did the organization file Form 1120-POL for this year?	37 b		Х
38	a 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?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9 39a N/A			
	b Gross receipts, included on line 9, for public use of club facilities a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			1
	section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
	b 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	40 b		
	c Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization.			ı
	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	40 e		Х
41	List the states with which a copy of this return is filed None			
	a The books are in care of ► Webster County Fiscal Court Located at ► Main Street Dixon KY Telephone no ► 270-63 ZIP + 4 ► 42409 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	3 <u>9-5</u> 0	042 	 No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42 b		X
1	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country	42 c		<u>x</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• 		N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		Yes	No
~~	of Form 990-EZ	44		<u>X</u>
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	45		Х
3AA		m 990	·EZ (2	

Form	990-EZ ((2008)	Webster	County	Economic	Development

61-1155497

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46

	the organization engage in lobbying activit				47	
	e organization operating a school as desc	` ' '	, , , , , ,	•	48	
	the organization make any transfers to an	•	related organization	7	49a	
	es,' was the related organization(s) a sect	_		•	49b	
50 Com	plete this table for the five highest compe ived more than \$100,000 of compensation	nsated employees (other from the organization	er than officers, dired If there is none, ent	ctors, trustees and key emp er 'None '	loyees) who each	
	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances	
						
Total number	r of other employees paid over \$100,000					
51 Com from	plete this table for the five highest competities the organization. If there is none, enter 'I	nsated independent cor None '	ntractors who each re	eceived more than \$100,000	of compensation	
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compensation	
						
					 ·.	
	· ·					
						
Total num	ber of other independent contractors rece	ving over \$100,000	>			
70.00	Under penalties of perjury, I declare that I have exam true, correct, and complete. Declaration of preparer is		npanying schedules and sta	tements, and to the best of my know	ledge and belief, it is	
	true, coper, and complete Declaration of preparer	other than onicer) is based on a	iii imormation of which prep	•		
Sign	Xew /4 WA			1-22-2	<u> 2010 </u>	
Here	Signature of officer			Date		
	Steven R. Whitsell Type or print name and title			Executive Direct	tor	
			Date	Check if Prep	parer's Identifying Number e instructions)	
Paid	Preparer's signature	sca	Olluli	b self N/		
Pre- parer's	Firm's name (or Berry & Kington)					
Use	yours if self- employed). 2822 North Main				I/A	
Only	address, and ZIP + 4 Madisonville, K				821-3355	
May the IF	RS discuss this return with the preparer sh	own above? See instru	ctions		►X Yes No Form 990-EZ (2008)	
					. 5.11. 555 22 (2000)	

2008 .	Federal Statements	Page 1
· w	ebster County Economic Development	61-1155497
Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue Insurance Proceeds	Total \$	63,205. 63,205.
Statement 2 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid		
Class of Activity: Donee's Name: Relationship of Donee:	501(c)(3) Western Kentucky Teen Challenge Dixon , KY 42409 None	
Cash Amount Given:	Notice \$	107,000.
Donee's Name: Relationship of Donee:	WC Industrial Development Authority Dixon , KY 42409 None	
Cash Amount Given:	\$	3,417.
Statement 3 Form 990-EZ, Part I, Line 16 Other Expenses Administrative Fees Regnl El Depreciation Ditch Taxes Equipment Maintenance Insurance Land Maintenance	DC \$ Total \$	25,000. 7,300. 5. 7,677. 1,217. 1,222. 42,421.
Statement 4 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fu	und Balances	
Assumption Loan Rec	Total \$	367,321. 367,321.
Statement 5 Form 990-EZ, Part II, Line 24 Other Assets	_Beginning	Ending
Miscellaneous Notes and Loans Receivable	Total \$\frac{891,047.}{\\$891,047.}	39,700. 996,842. 1,036,542.

. .

2008 .

Federal Statements

Page 2

Webster County Economic Development

61-1155497

Statement 6 Form 990-EZ, Part II, Line 26 Total Liabilities

Accounts Payable and Accrued Expenses

	<u>Beginning</u>		<u>Ending</u>		
	\$	0.	\$	3,417.	
Total	\$	0.	\$	3,417.	

Statement 7
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

To promote economic development in Webster County by creating opportunities in conjunction with other organizations to obtain grants and provide seed money to new and existing business under state mandated guidelines for such monies.

Statement 8
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

To promote economic development in Webster County by creating opportunities in conjunction with other organizations to obtain grants and provide seed money to new and existing business under state mandated guidelines for such monies.