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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)

OMB No 1545-0047

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

Open to Public Inspection

Α	For th	e 2009 calendar year, or tax year beginning and ending	<u> </u>		
В	Check if	Please C Name of organization	D Employer ide	ntification	on number
	applicab	use IRS OWENSBORO DAVIESS CO. INDUSTRIAL			
[	Addre	ess label or more a management of the second			
F	Name	type	<del></del>	-603	3839
-	chang lnitial	See Alice Level 4 and 4 and 4 and 5 and 5 and 5 and 5 alice and 5			
<b>-</b>	returr Term	[C			26-4540
F	ated Amer	Instruction C/O OOBEFIT A HANCOCK 2500 VERCIT RD		1015	
Ļ	Ireturr	City or town, state or country, and ZIP + 4	G Gross receipts \$		429,870.
L	Appli tion pend		H(a) Is this a gro	-	
	periu	F Name and address of principal officer DEAN STANLEY	for affiliates	?	Yes X No
_		3811 SANDWEDGE COURT, OWENSBORO, KY 42303	H(b) Are all affiliate	es include	d?Yes No
1	Tax-ex	empt status X 501(c) ( 6	If "No," atta	ch a list	(see instructions)
J	Websi	te: ► N/A	H(c) Group exen	nption nu	mber >
K	Form o		Year of formation: 195	7 M Sta	ite of legal domicile: KY
	art I		•		
_	T 4	Briefly describe the organization's mission or most significant activities: PROVIDE	LAND FOR EC	ONOM	IC
Activities & Governance	'	DEVELOPMENT		<del></del>	<del></del>
2		Check this box If the organization discontinued its operations or disposed of i	more than 25% of its in	ot accots	· · · · · · · · · · · · · · · · · · ·
ğ	2	Number of voting members of the governing body (Part VI, line 1a)	Hore than 2070 of its h	3	10
Ĉ	3				10
۵	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
Š	5	Total number of employees (Part V, line 2a)	•	5	0
. ₹	6	Total number of volunteers (estimate if necessary)		6	0
<b>5</b>	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, fine 34		7b	_0.
			Prior Year		Current Year
ď	8	Contributions and grants (Part VIII, line 1h)			
Revenue	9	Program service revenue (Part VIII, line 2g)			
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,07	6.	81,709.
ă	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•		321,559.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	55,07	6.	403,268.
<b>≅</b> - ?7	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)	35,00		35,000.
7			33,00	-	
Ó	14	Benefits paid to or for members (Part IX, column (A), line 4)			
<del></del> 4 %	: I	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	-		
APK Expen	l b	Total fundraising expenses (Part IX, column (D), line 25)	1 20	_	2 725
<b>-</b> L	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,38		3,735.
)	18	Total expenses Add lines 13-17 (must equal Part IX, column (A) Tracking the 12 RECEIVED	36,38		38,735.
OCANINE UNITED NET Assets or 1	1 19	Revenue less expenses. Subtract line 18 from the 12 RECEIVED	18,68	7.	364,533.
let Assets or	<u> </u>	) j	Beginning of Current Y		End of Year
sets	20	Total assets (Part X, line 16) MAR 2 9 2010	2,630,71	9.	2,977,275.
3	21	Total liabilities (Part X, line 26)	17,97	7.	
N Z	22	Net assets or fund balances Subtract line 21 from the 20	2,612,74	2.	2,977,275.
	art II	Signature Block OGDEN, UT			
_		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of my kn	owledge and	d belief, it is true, correct,
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowl			
e:		R X Lander	Date	1 2	0
Sig	-	Signature of officer	Date	- //_	<u></u>
He	re	DEAN STANLEY, PRESIDENT			
		Type or print name and title	·		
_		Date	Check if F	Prenarer's id	entifying number
Pa	id	Preparer's Date	self-	see instructi	
_	 eparer's	signature suphitiment 3/17/10	employed		
	e Only	Voursif (RINEY, HANCOCK & CO., PSC	EIN ▶		
US	o omy	self-employed), 2900 VEACH ROAD SUITE 2			
		ZIP+4 OWENSBORO, KY 42303	Phone no.	<u>≥ 270</u>	-926-4540 X Yes No
N44	w tha I	PS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form **990** (2009)

Pa	rt III Statement of	<b>Program Service Accompli</b>	shments							
1	Briefly describe the orga	anization's mission:		_	<u> </u>					
	THE ORGANIZA	TION PROMOTES THE	ADVANCEMENT AND DI	EVELOPMENT OF '	THE CITY					
	OF OWENSBORC	AND DAVIESS AND A	DJACENT COUNTIES I	BY ACQUIRING,	SELLING					
	AND DEALING	IN REAL ESTATE AND	MAKING IMPROVEMEN	NTS FOR INDUST	RIAL &					
	BUSINESS DEV	VELOPMENT PURPOSES.								
2	Did the organization und	dertake any significant program servi	ces during the year which were not	listed on						
	the prior Form 990 or 99	90-EZ?			Yes X No					
	If "Yes," describe these	new services on Schedule O								
3	Did the organization cea	ase conducting, or make significant o	changes in how it conducts, any pro	gram services?	Yes X No					
	If "Yes," describe these	changes on Schedule O.								
4	Describe the exempt pu	irpose achievements for each of the	organization's three largest program	n services by expenses.						
	Section 501(c)(3) and 50	01(c)(4) organizations and section 49	47(a)(1) trusts are required to report	the amount of grants and						
	allocations to others, th	e total expenses, and revenue, if any	, for each program service reported	I						
	, <u>-</u>	<u>.</u>								
4a	•	) (Expenses \$	including grants of \$	) (Revenue \$	)					
		TION PROMOTES THE								
	OF OWENSBORO AND DAVIESS AND ADJACENT COUNTIES BY ACQUIRING, SELLING									
		IN REAL ESTATE AND		ITS FOR INDUST	RIAL &					
	BUSINESS DEV	ELOPMENT PURPOSES.								
					<del></del>					
4h	(Codo:	\ /Evpapage \$	uncluding grants of <sup>©</sup>	\ (Bayanya \$						
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)					
					•					
			<del>.</del> .							
			<del></del>							
	• • • • • • • • • • • • • • • • • • • •									
	•		P-1		7 <del>.</del>					
	-									
4c	(Code·	) (Expenses \$	including grants of \$	) (Revenue \$	)					
	(	, (=-, (=-,,,,,,,,,,	<b>g g t</b> . <b>t</b>	, (,	,					
4d	Other program services	(Describe in Schedule O.)								
	(Expenses \$	including grants of \$	) (Revenue \$							
4e	Total program service	expenses ► \$								
					Form <b>990</b> (2009)					

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OWENSBORO DAVIESS CO. INDUSTRIAL Form 990 (2009) FOUNDATION, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_ 1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		_ <u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		.,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	_8_		_X_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide	_		37
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	4.5		v
	If "Yes," complete Schedule D, Part V	10		_X_
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	44	x	
_	as applicable  . Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11		
	Part VI			
_	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		:	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.				
<ul> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in</li> </ul>				
Part X, line 16? If "Yes," complete Schedule D, Part IX				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			7,
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			7.7
	located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
40	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<del></del>
19	complete Schedule G, Part III	19		<b>X</b> _
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	COUNTY OF STATE OF ST		990	2009)

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Form **990** 2009)

Pa	it IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22_		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? If "Yes," complete		İ	
	Schedule J	_23	ļ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a	ļ	X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	
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? If "Yes, " complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		}	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	İ		
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)		ļ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, fine 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		ľ	
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		ļ
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? If "Yes," complete Schedule R, Part VI	37_		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a 10b			<del></del>			<b>N1</b> .		
U.S., Information Returns Enter 0- if not applicable Enter the number of Forms WSQ ancluded in the 1a. Enter 0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  10 If all least one is reported on line 22, 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 this return, (see instructions) 3 Dr the organization have unreated business gross normor of \$1,000 or more dump the year covered by this return?  3 A tray 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 in a foreign country (such as a bank account, securities account, or other financial account)  3 If Yes, 1 one 5 are 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  4 If Yes, 2 in the payment of the organization that it was or is a party to a prohibited tax shelter transaction?  5 Was the organization shelf have organization that it was or is a party to a prohibited tax shelter transaction?  5 If Yes, 1 one 5 are 5b, did the organization in file Form 8886 T, Decisioner by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5 If Yes, 1 one 5 are 5b, did the organization in file Form 8886 T, Decisioner by Tax Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5 If Yes, 2 one 5 are 5b, did the organization in the form 8886 T, Decisioner by Tax Exempt Entity Regarding Prohibited Tax Prohibitions that were not tax deductible?  5 If Yes, 1 one 5 are 5b, did the organization in excess of \$75 made party as a contribution and pa	4-	Fator the number reported in Pay 2 of Form 1006. Amuel Summers and Transmittal of	1 1		res	NO		
Enter the number of Forms W2G included in the 1s. Enter 0-if not applicable  □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with many many to prize with a payment of the organization that was many the called the organization file of the technique with or within the year covered by this return  □ If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  □ If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  □ If If Yes, 1 set if the a form 900 For fire they are! If "No, "provide an explanation in Schodule 0  □ If Yes, 1 set if the a form 900 For fire they are! If "No, "provide an explanation in Schodule 0  □ If Yes, 1 set if the name of the foreign country   Images of the institutions of the explanation of Schodule 0  □ If Yes, 2 set if the name of the foreign country   Images of the institutions of the explanation in Schodule 0  □ If Yes, 1 set if the name of the foreign country   Images of the institutions of the explanation in Schodule 0  □ If Yes, 2 set if the name of the foreign country   Images of the institutions of the explanation in Schodule 0  □ If Yes, 1 set in the set of the organization that it was or is a party to a prohibited tax shetter transaction?  □ If Yes, 1 set in Set of the organization that it was or is a party to a prohibited tax shetter transaction?  □ If Yes, 1 set in Set of the organization that it was or is a party to a prohibited tax shetter transaction?  □ If Yes, 1 set in Set of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  □ If Yes, 1 set the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  □ If Yes, 1 set the payer?  □ If Yes, 1 set the payer?  □ If Yes, 1 set the payer is the payer is the payer is the payer is the payer is the p	ıa	•	12					
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wirnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  5 If all least one is reported on line 23, 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 this return. (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  5 If Yes, 1 has it field a Form 990 T for the year? If YNo, 'provide an explanation in Schedule O  4 At any time during the celandar year, cild the organization have an enterestin, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5 If Yes, 1 on the Sar of Sh, did the organization that are an enterestin, or a significant or other authority over, a financial Accounts.  6 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 If Yes, 1 on the Sar of Sh, did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If Yes, 2 If the Sar of Sh, did the organization that it was or is a party to a prohibited tax shelter transaction?  6 If Yes, 1 on the Sar of Sh, did the organization that was or is a party to a prohibited tax shelter transaction?  7 Organizations that may receive deductible?  8 If Yes, 2 If the companization review is a spring that it is a stransaction of the payor?  8 If Yes, 2 If the organization review is a spring that it is a stransaction of the payor?  9 If Yes, 2 If the organization review is a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  10 If Yes, 2 If the organization re	<b>h</b>	• •		1				
diambing) wrinings to prize winners?  2		• •	<del></del>	1				
2a Enet the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. [2a] 0  bif 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-rife this return. (see instructions)  bif Ves, *has it filed a Form 990-T for this year? If *No.*; provide an explanation in a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  bif Ves, *nest the name of the foreign country (such as a bank account, securities account, or other financial account)?  bif Ves, *nest the name of the foreign country (such as a bank account, securities account, or other financial account)?  bif Ves, *nest the name of the foreign country (such as a bank account, securities account, or other financial account)?  bif Ves, *nest the name of the foreign country (such as a bank account, securities account, or other financial account)?  bif Ves, *nest the name of the foreign country (such as a bank account, securities account, or other financial account)?  bif Ves, *nest the name of the foreign country (such as a bank account, securities account, or other financial account)?  bif Ves, *nest the name of the foreign country (such as a bank account, securities account, or other financial account)?  bif Ves, *nest the name of the foreign country (such as a bank account, securities account, or other financial account)?  cif Ves, *to be nest account on the tif vest as a bank account, securities account, or other financial accountry.  bif Ves, *to be nest account on the tif vest as a bank account, securities account, or other financial accountry.  cif Ves, *to be nest accountry to the definition of the securities of the securities of the securities of the securities of the securities of the securities of the securities of the securities of the securities of the securities of the securities of the securities	·		-pgg	1c				
tiled for the calendary year ending with or within the year covered by this return  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 this return. (see instructions)  3a Dot the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if 1'ves, "as it filed a Form 9950 Ffor this year? If 1'No.," provide an explanation in Schedule 0  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   ►  See the instructions for exceptions and filing requirements for Form TD F 90 22 1, Peport of Foreign Bank and Financial Accounts.  5b Was the organization a party to a prohibited tax shelter transaction?  5c If 1'ves, "to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 1'ves, to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 1'ves, to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 1'ves, to line Sa or 5b, did the organization that it was or is a party to a prohibited ax shelter transaction?  5c If 1'ves, to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If 1'ves, to line Sa or 5b, did the organization that or organization shelt and vere not tax deductible?  5c If 1'ves, to line Sa or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that were not tax deductible?  5c If 1'ves, did the organization notify the donor of the value of the goods or services provided?  5c If 1'ves, did the organization notify the donor of the value of the goods or services provided to the payor?  5c If 1've	22							
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7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? f For contributions of orars, boats, amplanes, and other vehicles, did the organization file a Form 1098-C as required? f Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Constant of the province of the form the function of the form the function of the form the function o	þ		tions or gifts	<b>.</b>				
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	40	·		100				
				128		<del>                                     </del>		
	<u>D</u>	in res, enter the amount of tax-exempt interest received or accrued during the year		Form	990	20091		

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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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	10			
b	Enter the number of voting members that are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any oth	er			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direct super	vision			
	of officers, directors or trustees, or key employees to a management company or other person?			3_		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 990 was fil	ed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5		_X_
6	Does the organization have members or stockholders?			6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the				
	governing body?			7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons?		7b_		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year	ır			
	by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b_	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	iched at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code				
			1		Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affili	ates,			
	and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling the form?		11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		<u>X</u>
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that con	uld give rise				
	to conflicts?			12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe	9			
	in Schedule O how this is done			12c		
13	Does the organization have a written whistleblower policy?			13		<u>X</u>
14	Does the organization have a written document retention and destruction policy?			14		_X_
15	Did the process for determining compensation of the following persons include a review and approve		ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					7.7
	The organization's CEO, Executive Director, or top management official			15a		X
þ	Other officers or key employees of the organization			15b		<u>X</u> _
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a		40		v
	taxable entity during the year?		4	16a		<u>X</u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva		ipation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anization's		401-		
	exempt status with respect to such arrangements?			16b_		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE	T (FO1(a)(3)a ar	als A curallable			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (301(C)(3)S OF	ny) avanabie	101		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website X Another's website X Upon request	anfliat of int	net paliari ==	d fran	noiol	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	connect of inter	est policy, ar	iu iina	ncial	
	statements available to the public.	nd rookeds of	ho organiza	ıon 🟲		
20	State the name, physical address, and telephone number of the person who possesses the books a	na records of	ine organizat	ioi i. 📂		
	JOSEPH A. HANCOCK, CPA - 270-926-4540 2900 VEACH ROAD, SUITE 2, OWENSBORO, KY 42303					
	2900 VEACH ROAD, SUITE 2, OWENSBORO, KY 42303					

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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. Use Schedule J-2 if additional space is needed.
- 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. 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

(A) Name and Title	(B) Average		(C) Position					(D) Reportable	(E) Reportable	(F) Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DEAN STANLEY	1.00	v						0.	0.	0.
PRESIDENT, DIRECTOR	1.00	Λ	-			┢		0.	0.	<u> </u>
JAMES M. MILLER SECRETARY, DIRECTOR	1.00	v						0.	0.	0.
JOSEPH A. HANCOCK	1.00	Δ					$\vdash$	0.		<u> </u>
TREASURER, DIRECTOR	1.00	v						0.	0.	0.
DENNIS NEWBERRY	1.00	Λ		-			$\vdash$	0.		
DIRECTOR	1.00	x	ŀ					0.	0.	0.
JAMES QUISENBERRY	1.00					<u> </u>				
DIRECTOR	1.00	x						0.	0.	0.
GEORGE COLLIGNON									-	
DIRECTOR	1.00	X						0.	0.	0.
JERRY HAASE										
DIRECTOR	1.00	X						0.	0.	0.
JOHN REISZ			ŀ						_	
DIRECTOR	1.00	X	<u> </u>	<u> </u>		_	<u> </u>	0.	0.	0.
WILLIAM J. THOMPSON	1 00								_	•
DIRECTOR	1.00	X		_			_	0.	0.	0.
SCOTT MCCAIN	1 00		ŀ							0
DIRECTOR	1.00	X						0.	0.	0.
			-						<u> </u>	
					_					
			<u> </u>			<u> </u>				

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	(A) Name and title	(B) Average			Pos				( <b>D</b> ) Reportable	(E) Reportable		Es	( <b>F)</b> timate	ed
		hours per week	Individual trustee or director	Institutional trustee	all to Officer	Key employee	Highest compensated Be employee	-	compensation from the organization (W-2/1099-MISC)	compensation from related organization: (W-2/1099-MIS	s	com fr org	nount other pensa om the anizated related	ition e ion ed
													<u>-</u>	
			_											
												_		
										,				
-16	Total					<u> </u>			0.		0.			0.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bov	e) wh	no re	<del></del>	),000 in reportable				0
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on		3	Yes	No X
4	For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab 50,000? <i>If</i> "Yes,	le co ," ∞	mple	ete S	Sch	edule	Jf	or such individual	_		4		X
5 Se	Did any person listed on line 1a receive o the organization? If "Yes," complete Sche ction B. Independent Contractors				rom	any	unr	elati	ed organization for serv			5_		X
1	Complete this table for your five highest of the organization <b>NONE</b>	compensated in	depe	ende	ent c	onti	racto	rs t	·	\$100,000 of com	pensa			
	(A) Name and busines	ss address						_	(B) Description of s	services	С	(C ompe	s) nsatio	<u>1</u>
								-						
										· · · ·				_
	Total number of independent contractors	(including but r	not fi	mite	d to	tho	se lis	sted	above) who received n	nore than		<u> </u>		
	\$100,000 in compensation from the organ	nization >				(	0					Form 5	990	

		(2009) <b>FOUNI</b>	DATION, I	NC.			61-6033	839 Page 9
Pa	it VI	II Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
まま	1 a	Federated campaigns	1a					
e ja	b	Membership dues	1b					
an, i	C	: Fundraising events	1c					
<u>a</u> gi	d	Related organizations	1d					
S.E		Government grants (contribu				-		
er Si	f	All other contributions, gifts, grai	nts, and					
듗휨		similar amounts not included abo	ove 1f					
Contributions, gifts, grants and other similar amounts	_	Noncash contributions included in lines	s 1a-1f \$					
O E	<u>h</u>	Total. Add lines 1a-1f		<b>•</b>				
				Business Code				
Program Service Revenue	2 a							
E S	b							
E S	C							
ga Re	d					·-		
F	e	All other program service revo						
	'	Total, Add lines 2a-2f	situe .	<b>•</b>				
	3	Investment income (including	dividends, intere	est, and				
	•	other similar amounts)	,,	<b>•</b>	81,709.	81,709.		
	4	Income from investment of ta	x-exempt bond p	roceeds		•		
	5	Royalties		<b>&gt;</b>				
		•	(i) Real	(ii) Personal				
	6 a	Gross Rents .						
	b	Less rental expenses						
	С	: Rental income or (loss)						
		Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
		Gain or (loss)	L					
		Net gain or (loss) Gross income from fundraisir	a avanta (nat				<del></del>	
Other Revenue	оа	including \$	_					
Ş.		contributions reported on line						
٣		Part IV, line 18	•					
ᇐ	b	Less direct expenses	. b					
0		Net income or (loss) from fun	draising events	<b></b>				
		Gross income from gaming a	-					
		Part IV, line 19	. а					
	b	Less direct expenses	. <b>b</b>					
	С	Net income or (loss) from gan	ning activities	<b></b>				
	10 a	Gross sales of inventory, less						
		and allowances	а	348,161.				
		Less: cost of goods sold	b	26,602.				
ļ	<u></u> c	Net income or (loss) from sale		<b>&gt;</b>	321,559.	321,559.		
-		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	C	All other revenue	· · ·					
	a	Total, Add lines 11a-11d						
	12	Total revenue. See instructions.	•		403,268.	403,268.	0.	0.
93200 02-04		. Juni 1919 ingu. God mon donono.		₹				Form <b>990</b> (2009)

61-6033839 Page **10** 

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	piete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	35,000.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,945.			
С	Accounting	975.			
d	Lobbying .				<u> </u>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other .				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				1
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<u> </u>
21	Payments to affiliates		<del></del>		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
а	INSURANCE	540.			
b	MISCELLANEOUS	260.			
С	STATE ANNUAL FILING FEE	15.			
d					
е					
	All other expenses	20 525			<u> </u>
25_	Total functional expenses. Add lines 1 through 24f	38,735.			
26	Joint costs Check here I If following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

FOUNDATION, INC.

61-6033839 Page 11

	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		1,828,365.	2	2,193,026.
	3	Pledges and grants receivable, net	:		3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe	es Complete Part II			
		of Schedule L		5		
	6	Receivables from other disqualified persons (as				
		4958(f)(1)) and persons described in section 495	58(c)(3)(B) Complete			
		Part II of Schedule L			6	
છ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		802,354.	8	776,236.
ĕ	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D	10a			
	Ь		10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments other securities See Part IV, line		12		
	13	Investments program related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	_	0.	15	8,013.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,630,719.	16	2,977,275.
	17	Accounts payable and accrued expenses		17,977.	17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo				
ΞĒ		highest compensated employees, and disqualif				
ڐ		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	<del></del>
	24	Unsecured notes and loans payable to unrelate			24	· · ·
	25	Other liabilities Complete Part X of Schedule D	•		25	
	26	Total liabilities. Add lines 17 through 25		17,977.	26	0.
		Organizations that follow SFAS 117, check h	ere  and complete			
S		lines 27 through 29, and lines 33 and 34.	•			
ည	27	Unrestricted net assets			27	
<u>a</u>	28	Temporanly restricted net assets			28	
Ö	29	Permanently restricted net assets			29	
Š		Organizations that do not follow SFAS 117, o	heck here   X and			
F		complete lines 30 through 34.				
ts c	30	Capital stock or trust principal, or current funds		110,500.	30	110,500.
sse	31	Paid-in or capital surplus, or land, building, or ex		31,600.	31	31,600.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		2,470,642.	32	2,835,175.
Š	33	Total net assets or fund balances	,	2,612,742.	33	2,977,275.
	34	Total liabilities and net assets/fund balances		2,630,719.	34	2,977,275.

Form **990** (2009)

Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

consolidated basis, separate basis, or both

Act and OMB Circular A-133?

61-6033839 Page 12 Form 990 (2009) FOUNDATION, INC. Part XI Financial Statements and Reporting Yes No X Accrual Other 1 Accounting method used to prepare the Form 990 Cash 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? 2a 2b b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a

Form **990** (2009)

3a

3b

Х

#### Schedule DS

(Form 990)

Department of the Treasury Internal Revenue Service

#### upplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009 Open to Public Inspection

Name of the organization

OWENSBORO DAVIESS CO. INDUSTRIAL

FOUNDATION, INC.

Employer identification number 61-6033839

Pa	organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, line		s or Accounts. Complete if the
	organization answered Tes (U FUIII 550, Fattiv, IIII	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 advi	ised funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r	t holds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		Nils and Compiler Assessment
Pa	rt III Organizations Maintaining Collections o		other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	· ·	
	treasures, or other similar assets held for public exhibition, ed		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servic	e, provide the following amounts relating to
	these items.		<b>.</b>
	(i) Revenues included in 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 tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	<b>.</b> .
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Sche		ION, INC.					33839 Page 2
Par	t III Organizations Maintaining C						
3	Using the organization's acquisition, accessi	ion, and other record	ds, check any of th	e following that ar	e a signific	ant use of its	collection items
	(check all that apply):						
а	Public exhibition	C	_	change programs			
b	Scholarly research	e	Other	<del></del>			
С	Preservation for future generations						
4	Provide a description of the organization's co						XIV
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other s	ımılar asse	ets	
-	to be sold to raise funds rather than to be m						Yes No
Par	t IV Escrow and Custodial Arran	- '	ete if organization	answered "Yes" to	Form 990	0, Part IV, line	9, or
	reported an amount on Form 990, Pa			_			
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ons or other assets	s not inclu	ded	· —
	on Form 990, Part X?					L	JYes ∟ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table		_	<del></del>	
					<u> </u>		Amount
	Beginning balance .					1c	
	Additions during the year					1d	·
е	Distributions during the year					1e	
f	Ending balance				L	1f	<del>,, ,,</del>
	Did the organization include an amount on F		21?				」Yes        No
	If "Yes," explain the arrangement in Part XIV			000 Port IV	10		·
Par	t V Endowment Funds. Complete					rea yeara baak	(e) Four years back
_	S of	(a) Current year	(b) Prior year	(c) Two years ba	ick (a) ii	ree years back	(e) roul years back
1a	Beginning of year balance				<del>-  </del>		
b	Contributions			·			
	Net investment earnings, gains, and losses						
đ	Grants or scholarships		<del>-</del> -	<del></del>			
е	Other expenditures for facilities						
	and programs	<u> </u>		.			
T	Administrative expenses			<del> </del>	-		-
g	End of year balance	r and halance held :	Je:	<u></u>		_	
2	Provide the estimated percentage of the year	ii end balance neld a					
	Board designated or quasi-endowment  Permanent endowment	%					
		″ %					
	Are there endowment funds not in the posse		ation that are held	and administered	for the or	nanization	
Ja	by	socion of the organiz	accordinate are more	and dominiotorou		ga	Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
h	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedule B?				3b
4	Describe in Part XIV the intended uses of the						
	rt VI Investments - Land, Building			0, Part X, line 10		-	
	Description of investment	(a) Cost or o			(c) Accum	ulated	(d) Book value
		basis (investi		s (other)	deprecia	l l	
1a	Land			1-	-		
	Buildings	• •					
	Leasehold improvements						
	Equipment						
	Other .						
Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, ∞lumn (B), line	10(c))		<b>•</b>	0

Schedule D (Form 990) 2009

OWENSBORO DAVIESS CO. INDUSTRIAL Schedule D (Form 990) 2009 61-6033839 Page 3 FOUNDATION, INC. Part VII Investments - Other Securities. See Form 990, Part X, line 12 (c) Method of valuation (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value Financial derivatives Closely-held equity interests Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value Total (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Amount Federal income taxes

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, 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.

Sche	dule D (Form 990) 2009 FOUNDATION, INC.			<u>61-603</u>	3839	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net) Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	d 9	10	_		
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revei	nue per	Return		
1	Total revenue, gains, and other support per audited financial statements			1		_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	Net unrealized gains on investments	2a		<b>⊣</b>		
b	Donated services and use of facilities	2b		<b>⊣</b>		
¢	Recoveries of prior year grants	2c		<b>⊣</b>		
d	Other (Describe in Part XIV.)	2d		<b>⊣</b>		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
þ	Other (Describe in Part XIV)	4b		_		
C	Add lines 4a and 4b			4c		
5 Do:	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  t XIII Reconciliation of Expenses per Audited Financial Stateme	onto With Evno		5 Doturn		
	<del></del>	ents with Expe	nses pe			
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا ما				
a	Donated services and use of facilities	2a		-		
b	Prior year adjustments	2b	-	-		
C	Other losses	2c				
d	Other (Describe in Part XIV)	2d		ا ۵۰ ا		
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		$\dashv$ $\downarrow$		
	Other (Describe in Part XIV)			<b>┤</b> ₄╸│		
5	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c 5		
	t XIV Supplemental Information			131		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	Lines 1a and 4. Do	nt IV lines	1h and 2h D	art V line 4	Part
-						, ran
A, III K	2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp	nete triis part to pro	vide any a	dullonal infor	madon	
		<del> </del>				
		<del></del>				_
	<del></del>					
	<del></del>					

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Open to Public

OMB No 1545-0047

**2** Employer identification number 61-6033839 Inspection X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Attach to Form 990. OWENSBORO DAVIESS CO. INDUSTRIAL General Information on Grants and Assistance FOUNDATION, INC. cntena used to award the grants or assistance?

done had a sumbor and address according to	Enter total number of other organizations
i total rutiber of other organizations	יו וטומ ווחוסבו טו טווופן איני איני איני איני איני איני איני אינ
STOLISH THIRTIES OF CHARLES OF CH	
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an takal an imphar of akhar arenamakanan	The state of other exceptions
an include of address president and address president address president and address president address president and address president	The state of other extensions
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an about a comban of other personalizations	The state of other extensivations
The state of the s	The state of the s
or total number of other presumations	or total number of other properties.
Strotal number of section 50 I(c)(3) and government organizations	ar total number of section 50 I(c)(3) and government organizations
er total number of section 501(c)(3) and government organizations	er total number of section 501(c)(3) and government organizations
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Page 2

61-6033839

Schedule I (Form 990) 2009 FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule 1-1 (Form 990) if additional space is needed

Use ratify and schedule in (1011) aso, if additional space is needed	וכפחפח				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	n required in Part I,	line 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: THE OR	THE ORGANIZATIION'S		D OF DIREC	BOARD OF DIRECTORS REVIEWS	
SPECIFIC REQUESTS FOR ASSISTANCE. GRANTS ARE AWARDED TO ASSIST OTHER	GRANTS A	RE AWARDED	TO ASSIST	OTHER	
NONPROFIT ORGANIZATIONS' EFFORTS I	N INDUST	RIAL AND E	EFFORTS IN INDUSTRIAL AND ECONOMIC DEVELOPMENT	VELOPMENT.	

Schedule I (Form 990) 2009

#### SCHEDULE O

(Form 990)

1,

**Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

OWENSBORO DAVIESS CO. INDUSTRIAL FOUNDATION, INC.

Employer identification number 61-6033839

FORM 990, PART VI, SECTION B, LINE 11: NO REVIEW OF FORM 990 WAS CONDUCTED
BY THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED. FORM 990 WILL BE
REVIEWED BY THE GOVERNING BODY AFTER IT HAS BEEN FILED. SHOULD ANY
INCORRECT INFORMATION BE IDENTIFIED, THE ORGANIZATION WILL SUBMIT AN
AMENDED FORM 990.
FORM 990, PART VI, SECTION C, LINE 19: FORM 990 IS MADE AVAILABLE TO THE
PUBLIC UPON REQUEST AND IS ALSO POSTED ON THE GUIDESTAR.ORG WEBSITE. OTHER
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.