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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 Open to Public

Inspection A For the 2011 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if OWENSBORO DAVIESS CO. INDUSTRIAL Address change FOUNDATION, INC. Name change 61-6033839 Doing Business As]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (270)926-4540 Termin-C/O JOSEPH A HANCOCK 2900 VEACH RD Amended City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-tion pending OWENSBORO, KY 42303 H(a) Is this a group return 」Yes Ⅸ No F Name and address of principal officer: DEAN STANLEY for affiliates? 3811 SANDWEDGE COURT, OWENSBORO, H(b) Are all affiliates included? KY I Tax-exempt status \square 501(c)(3) \square 501(c) (6) \square (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Year of formation: 1957 M State of legal domicile: KY Trust Association Part I | Summarv Briefly describe the organization's mission or most significant activities PROVIDE LAND FOR ECONOMIC Activities & Governance DEVELOPMENT if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box ▶ Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year 0. 0. Contributions and grants (Part VII), line 111 Program service revenue (Part VIII, line 29). 0 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 33,049. 21,211. 11 Other revenue (Part VIII, column A), ines 5,6d, 8c,9c, 10c, and (7)e)
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 66,671 99,720. 21,211. 35,000 35,000. Grants and similar amounts paid (Part IX; column (A), lines 1-3) Benefits paid to or for members (Part 1X column (A) line 4) 0. О. 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) О. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,818. 1,801. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 36<u>,801</u>. 36,818. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 62,919. <15,607.> Revenue less expenses Subtract line 18 from line 12 Assets or Ralances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,057,694. 3,033,337. 17,500 8,750. Total liabilities (Part X, line 26) 024,587 040,194. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 5.23-17 Sign DEAN STANLEY PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Prepacer's signature 5-9-12 Paid P00163239 <u>JOSEPH A. HANCOCK, CPA</u> self-employed Firm's name RINEY, HANCOCK & 61-0920132 Preparer Firm's EIN Firm's address ≥ 2900 VEACH ROAD Use Only SUITE Phone no. 270-926-4540 OWENSBORO, KY 42303 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions) Form **990** (2011)

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

OWENSBORO DAVIESS CO. INDUSTRIAL FOUNDATION. INC.

<u>Form</u>	1990 (2011) · FOUNDATION, INC.	61-6033839_	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
·	THE ORGANIZATION PROMOTES THE ADVANCEMENT AND DEVELOPMENT	NT OF THE CI	TY
	OF OWENSBORO AND DAVIESS AND ADJACENT COUNTIES BY ACQUIT		
	AND DEALING IN REAL ESTATE AND MAKING IMPROVEMENTS FOR		
	BUSINESS DEVELOPMENT PURPOSES.	THOOD INTIME	
			
2	Did the organization undertake any significant program services during the year which were not listed on		X No
	the prior Form 990 or 990-EZ?	∟ Yes	LA∟ No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	1
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocations to	0
	others, the total expenses, and revenue, if any, for each program service reported		
4a		ue \$	
	THE ORGANIZATION PROMOTES THE ADVANCEMENT AND DEVELOPMENT		TY
	OF OWENSBORO AND DAVIESS AND ADJACENT COUNTIES BY ACQUI		
	AND DEALING IN REAL ESTATE AND MAKING IMPROVEMENTS FOR		
	BUSINESS DEVELOPMENT PURPOSES.	INDODINIAL &	
	BUSINESS DEVELOPMENT PURPOSES.	· · · · · · · · · · · · · · · · · · ·	
4b	(Code) (Expenses \$	ue \$)
	/ (Louding grains of 9		
4c	/o		
40	(Code) (Expenses \$) (Reven	ne 2	
	· · · · · · · · · · · · · · · · · · ·	·	
			<u> </u>
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4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶		
		Form 9 5	90 (2011)

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61-6033839 Page 3

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes, 'complete Schedule A 1 2 3 3 3 3 3 3 3 3 3	ra	Checklist of Required Schedules			_
If "Yes," complete Schedule A 1 X 2 X 2 Sit the organization required to complete Schedule B, Schedule of Contributors? 2 X X 3 Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II X Sections 501(c)[3] organizations. Did the organization engage in lobbying activities, or have a section 501(h) electron in effect during the tax year? If "Yes," complete Schedule C, Part II Sit the organization as section 501(c)[4], 501(c)[6], 501(c)[6				Yes	No
2 Is the organization required to complete Schedule 6, Schedule of Contributions 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 II Section 801(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year If "Yes," complete Schedule C, Part II Is the organization as adefined in Revenue Procedure C, Part II Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment in diamonals in the provide open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt risegoliation services? If "Yes," complete Schedule D, Part II Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets as applicable. 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 IV Did the organization report an amount for other assets 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 X II Did the organization report an amount for other habities in Part X, line 15 th	1				w
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section 501(b) election in effect during the tax year? If "Yes," complete Schedule C, Part II set organization assection 501(b)(d), 501(c)(G), or 501(c)(G) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule C, Part III set organization assection 501(c)(d), 501(c)(G), or 501(c)(G) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-197 II "Yes," complete Schedule C, Part III or provide advice on the distribution or investment of amounts in such finds or accounts for which dinories have the right to provide advice on the distribution or investment of amounts in such finds or accounts? II "Yes," complete Schedule D, Part III of the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structure? II "Yes," complete Schedule D, Part III of the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV II the organization directly or through a related organization had seek to removal the services of "Yes," complete Schedule D, Part V II II the organization directly or through a related organization had seek to report any of the following questions is "Yes," then complete Schedule D, Part V II II the organization report an amount for investments - other securities in Part X, line 10 II II "Yes," complete Schedule D, Part V II I			_2_		Α
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5 Is the organization as section \$01(c)(ā), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Pricedure 99.197 /**es, *complete Schedule C, Part III 6 Did the organization maintain any donor advessed funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which 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 II Did the organization reserve or hold a conservation easement, including assembles to preserve open space, the environment, historic land areas, or historic structures? If **Yes,** complete Schedule D, Part III Did the organization maintain collections of works of art, instorical treasures, or other similar assets? If **Yes,** complete Schedule D, Part IVI Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debit management, credit repair, or debit negotation services? If **Yes,** complete Schedule D, Part IVI Did the organization report an amount for legitation services? If **Yes,** complete Schedule D, Part VIIIII IIII organization report an amount for land, buildings, and equipment in Part X, line 10? If **Yes,** complete Schedule D, Part VIIII IIII Assessed to prograziation report an amount for investments - program related in Part X, line 110? If **Yes,** complete Schedule D, Part XIII Did the organization report an amount for investments - program related 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 XIII Did the organization statement and amount for other labilities 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 XIII Did the organization state and amount for other labili	4		4		
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VIII, VII, VIII, VII, V	9				
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or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 to and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	b				
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X	10		16		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 X	17		10		
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	• •		17		x
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," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 18	18				-
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X			12	1	х
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X	19				
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	.0		19		x
	20a	·		<u> </u>	

Form 990 (2011) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

	and the desired continues			
04	Did the experience report more than \$5,000 of events and other applicance to any government or organization in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	21	x	
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	-25	
22	column (A), line 2? 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		-	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
04-	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
244	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. If "No", go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
_	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C		24c		Í
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
254	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
b	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	200		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete 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			
20	instructions for applicable filing thresholds, conditions, and exceptions).			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	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			
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	55		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
02	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		Х
34	Was the organization related to any tax-exempt or taxable entity?	"		
-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	1000		
	blo the organization receive any payment from or origing in any transaction with a contrast of them.	35b		х
	section 512(h)(13)? If "Yes " complete Schedule R. Part V. line 2			
36	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	300		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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		
36 37	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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		x
37	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 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			х
	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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	x	x

Form 990 (2011) FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	ı	1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	. 1		
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	i		
	filed for the calendar year ending with or within the year covered by this return 2a 0	. 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	. 1		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	. 1		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country.	i 1		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			77
	any contributions that were not tax deductible?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 Green receipts, included on Form 200, Part VIII, line 12, for public use of club feedities.			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	if "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	 		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990 (20111
		COLLI	JJU (2011)

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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

				\mathbf{X}
Sec	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management			لما
<u> </u>	tion A. Governing body and Management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year	9		
ıa	If there are material differences in voting rights among members of the governing body, or if the governing	Ť		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1	
ь	Enter the number of voting members included in line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
~	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ü	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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
, a	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1.0		
•	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.5		
	The governing body?	8a	x	
	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 reached at the	- 05		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	The Decision B requests information about poinces not required by the internal revenue edge)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.0		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·	In Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did 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 approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a		X
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15b		X
b		130		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		х
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		:	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	465		
500	exempt status with respect to such arrangements?	<u> 16b</u>		
	tion C. Disclosure		_ · -	
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) avallat	I U	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request		•	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and finar	icial	
19				
	statements available to the public during the tax year	►		
20	statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organi JOSEPH A. HANCOCK, CPA - 270-926-4540	zation [.]	·	

Form 990 (2011) FOUNDATION, INC.

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons.

X Check this box if neither the organization is	nor any related	orga	ınıza	tion	cor	nper	nsat	ed any current officer, o	lirector, or trustee	
(A)	(B)				C) ition	,		(D)	(E)	(F)
Name and Title	Average hours per		Position (do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week					or/trus		from	from related	other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DEAN STANLEY										
PRESIDENT, DIRECTOR	1.00	X		X				0.	0.	0.
(2) JAMES M. MILLER		ļ							_	_
SECRETARY DIRECTOR	1.00	X		Х				0.	0.	0.
(3) JOSEPH A. HANCOCK									_	
TREASURER DIRECTOR	1.00	X		X	_			0.	0.	0.
(4) DENNIS NEWBERRY	1								•	
DIRECTOR	1.00	X						0.	0.	0.
(5) JAMES QUISENBERRY	1 00								_	_
DIRECTOR	1.00	X				-		0.	0.	0.
(6) GEORGE COLLIGNON	1.00							0.	0.	0.
DIRECTOR	1.00	^								0.
(7) WILLIAM J. THOMPSON	1.00	v						0.	0.	0.
DIRECTOR (8) SCOTT MCCAIN	1.00	A								
DIRECTOR	1.00	x						0.	0.	0.
(9) STAN CONN										
DIRECTOR	1.00	X						0.	0.	0.
						_				
						_				
		_								

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Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	mple	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	ļ	an	(F) timate nount other	of
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizati	e ion ed
			-			_								
<u> </u>														
С	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A					^ ^ ^		0.		0.			0.
2	Total number of individuals (including but recompensation from the organization	ot limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100),000 of reportabl	e		- -	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	ım of reportab	le co	•					•	the organization		4		х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors					-		elat	ted organization or indiv	idual for services		5		х
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensa	tion f	rom	
	the organization Report compensation for (A)					vith	or w	ithir	(B)			(C		
	Name and business	address	N	INC	E		-		Description of s	services		ompe	nsatio	<u></u>
		-												
		·			-						. <u>-</u>			
2	Total number of independent contractors (i	_	ot l	mite	d to		se li:	stec	d above) who received in	nore than	_			

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Part VIII Statement of Revenue

		otatement of Hove			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Fundraising events Related organizations						
Contribu	g h	similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f						
Service iue	2 a b			Business Code				
Program Service Revenue	c d e f							
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta	dividends, inter	▶	21,211.	21,211.		
	5	Royalties	(ı) Real	(II) Personal				
	6 a b c d	Less rental expenses Rental income or (loss)						
	7 a b	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
ne	c d 8 a	Gain or (loss) Net gain or (loss) Gross income from fundraisin	g events (not	>				
Other Revenu	ь	including \$ contributions reported on line Part IV, line 18 Less direct expenses	of 1c) See a b					
	9 a	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less. direct expenses	_					
	c 10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances	ing activities returns a	>			<u></u>	
		Less cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	е	Business Code				
	b c d							
	e 12	Total. Add lines 11a-11d Total revenue. See instructions.		>	21,211.	21,211.	0.	0.

Form 990 (2011)

FOUNDATION, INC.

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 complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to any question in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
	organizations in the United States. See Part IV, line 21	35,000.						
2	Grants and other assistance to individuals in							
	the United States See Part IV, line 22		··					
3	Grants and other assistance to governments,							
	organizations, and individuals outside the							
	United States. See Part IV, lines 15 and 16							
4	Benefits paid to or for members		<u> </u>					
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 accruals and contributions (include							
_	section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees).							
a	Management Legal							
b	Accounting	975.						
d	Lobbying	373.	-					
۵	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other							
12	Advertising and promotion							
13	Office expenses							
14	Information technology							
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							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	5.47						
23	Other expenses, Itemize expenses not sovered	547.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)							
а	MISCELLANEOUS	281.						
	STATE ANNUAL FILING FEE	15.						
С								
d								
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	36,818.						
26	Joint costs. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here rif following SOP 98-2 (ASC 958-720)			L	L			

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	2,317,772.	2_	<u>2,295,581.</u>
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
	•	of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
]	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use	731,007.	8_	731,502.
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments · program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,915.	15	6,254.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,057,694.	16	3,033,337.
	17	Accounts payable and accrued expenses	17,500.	17	8,750.
	18	Grants payable		18	
	19	Deferred revenue		19	- w
	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, directors, trustees, key employees	3,		
iab		highest compensated employees, and disqualified persons. Complete Part	t II		
ت		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X o	of		
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	17,500.	26	8,750.
		Organizations that follow SFAS 117, check here and comple	ete		
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
3ali	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here X and			
ō.		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	110,500.	30	110,500.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	31,600.	31	31,600.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	2,898,094.	32	2,882,487.
Z	33	Total net assets or fund balances	3,040,194.	33	3,024,587.
	34	Total liabilities and net assets/fund balances	3,057,694.	34	3,033,337.

<u> Form</u>	1990 (2011)	01-00	33033	<u> </u>	ge IZ
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				Ш
		,			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>11.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 18.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>07.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,04	<u>0,1</u>	<u>94.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,02	<u>4,5</u>	<u>87.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				لل
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u> _
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		ı	
	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 Sch	edule O.		,	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		i	
	separate basis, consolidated basis, or both.			i	
	Separate basis Consolidated basis Both consolidated and separate basis			i	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		ı	
	Act and OMB Circular A-133?		_3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		ı	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u></u>
			Form	990	(2011)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011
Open to Public Inspection

Name of the organization

OWENSBORO DAVIESS CO. INDUSTRIAL FOUNDATION. INC.

Employer identification number 61-6033839

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 advise	ed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
•	for charitable purposes and not for the benefit of the donor of	• •	-
	impermissible private benefit?	. 20 22, 5, 5, 5	Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·	
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
_	day of the tax year.		
	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
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	,,,,,	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	——————————————————————————————————————
•	vear >	,g,	
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements du	iring the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	• •	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.	<u> </u>	
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her 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 (AS	SC 958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	ice of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items.		
	(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-	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990. Part X	• •	S

Sche	edule D (Form 990) 2011 FOUNDAT							<u>61-60</u>			
Pa	rt III Organizations Maintaining C	collections of A	rt, Historic	al Tr	easures, or	Othe	er Simila	ar Asse	ts (conti	nued)	<u> </u>
3	Using the organization's acquisition, accessi	on, and other record	ls, check any	of the	following that ai	re a sı	gnificant i	use of its	collectio	n item	s
	(check all that apply)										
а	Public exhibition	c	I 🔲 Loan	or excl	hange programs	6					
b	Scholarly research	e	e 🔲 Other								
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they fu	rther th	he organization'	s exe	mpt purpo	se in Par	t XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, historic	al treas	sures, or other s	sımılar	assets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of	the organization	on's co	ollection?				Yes] No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pal		ete if the orga	nızatıo	n answered "Ye	s" to	Form 990	, Part IV, I	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contri	bution	s or other asset	s not	included				
	on Form 990, Part X?		•						Yes] No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table								
_	g		J						Amoun	t	
c	Beginning balance						1c				
	Additions during the year						1d				
_	Distributions during the year						1e	_			
f	Ending balance						1f				
29	Did the organization include an amount on Fi	orm 990 Part X line	212						Yes		No
	If "Yes," explain the arrangement in Part XIV.		211								
	rt V Endowment Funds. Complete		swered "Yes	' to Fo	rm 990. Part IV.	line 1	0.				
		(a) Current year	(b) Prior ye		(c) Two years b		(d) Three y	ears hack	(e) Four	vears	hack
10	Reginning of year balance	(a) Ourient year	(B) THOLY	<u> </u>	(C) The years b	uon	(d) Thiog y	ouro buon	(0) 1 00.	youro	Duon
la L	Beginning of year balance							<u>-</u>	-		
D	Contributions										
С.	Net investment earnings, gains, and losses	_									
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs					-+					
f	Administrative expenses		<u> </u>				_				
g	End of year balance	······································	L		<u> </u>	1			<u> </u>		
2	Provide the estimated percentage of the curi	rent year end baland		umn (a	a)) held as [.]						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are	heid a	nd administered	for the	he organiz	zation	1		_
	by									Yes	No.
	(i) unrelated organizations								3a(i)		<u> </u>
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule F	₹?					_3b		
4	Describe in Part XIV the intended uses of the										
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 990	D, Part X, line	10.							_
	Description of property	(a) Cost or o basis (investi		•	or other (other)		ccumulate preciation	- 1	(d) Boo	k valu	е
1a	Land										
b	Buildings					-					
С	Leasehold improvements										
d	_										
	Other										
	I. Add lines 1a through 1e (Column (d) must e	gual Form 000 Port	Y solumn /P	lino 1	10(a) 1						0

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 FOUNDATION	, INC.		61-	-6033839 Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, line	e 12		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuat ost or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)	<u> </u>			
(H)				
<u>(I)</u>				
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, III	<u>ne 13</u>	4 > 64 - 454 - 4444	
(a) Description of investment type	(b) Book value	Co	(c) Method of valuatost or end-of-year mark	
(1)				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)	_		 	
(9)				
(10)	-			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, lin	15			
	i) Description		1	(b) Book value
	i) Description			(b) Book Value
<u>(1)</u>				
(2)			·	
(4)		· · · · · · · · · · · · · · · · · · ·		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 15.)		•	
Part X Other Liabilities. See Form 990, Part >	(, line 25			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
_ (4)				
(5)				
(6)			_	
(7)				
(8)			_	
(9)			_	
(10)			_	
(11)			4	
Total. (Column (b) must equal Form 990, Part X, col (B) III FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote EN 48 (ASC 740)	ne 25)	Intermente that cane to the con-	nization's liability for times	tay positions unider
2. FIN 48 (ASC 740)	to the organization's financial s	tatements that reports the orga		
132053 01-23-12			Sche	edule D (Form 990) 2011

Sche	dule D	(Form 990) 2011 FOUNDATION, INC.					<u>033839</u>	Page 4
Pai	rt XI	Reconciliation of Change in Net Assets from Form 990 to A	Audite	d Financial	State	ments		
1	Total	revenue (Form 990, Part VIII, column (A), line 12)		1			21	,211.
2		expenses (Form 990, Part IX, column (A), line 25)		2			36	,818.
3		s or (deficit) for the year Subtract line 2 from line 1		3	1			,607.
4		nrealized gains (losses) on investments		4				
5	Donat	ed services and use of facilities		5				
6	Invest	ment expenses		6				
7	Prior r	period adjustments		7				
8	Other	(Describe in Part XIV.)		8				
9		adjustments (net) Add lines 4 through 8		9				
10	Exces	s or (deficit) for the year per audited financial statements. Combine lines 3 and	9	10			<15	,607.:
Par	t XII	Reconciliation of Revenue per Audited Financial Statemen	ts Wi	th Revenue	per R	eturn		
1	Total	revenue, gains, and other support per audited financial statements				1		
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12						
а	Net u	nrealized gains on investments	2a]		
b	Donat	ed services and use of facilities	2b					
С	Recov	veries of prior year grants	2c]		
d	Other	(Describe in Part XIV)	2d					
е	Add I	nes 2a through 2d				2e		
3	Subtra	act line 2e from line 1				3		
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1				[]		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other	(Describe in Part XIV)	4b					
С	Add I	nes 4a and 4b				4c		
5	Total	revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		
Pai	rt XIII	Reconciliation of Expenses per Audited Financial Statemen	nts W	ith Expense	s per	Return	1	
1	Total	expenses and losses per audited financial statements				1		
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25						
а	Donat	ed services and use of facilities	2a					
b	Prior y	vear adjustments	2b] [
С	Other	losses	2c	····				
d	Other	(Describe in Part XIV)	2d			1 1		
е	Add II	nes 2a through 2d				2e		
3	Subtra	act line 2e from line 1				3		
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1	i 1			!		
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			ļ		
b	Other	(Describe in Part XIV)	4b			1		
C	Add I	nes 4a and 4b				4c		
5		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5		
		Supplemental Information						
Com	plete th	is part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1	a and 4; Part IV,	lines 1	b and 2b	; Part V, line	4, Part
X, line	e 2; Pa	rt XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b $$ Also comple	ete this	part to provide	any ado	ditional ir	nformation	

Schedule I (Form 990) (2011) ž **Employer identification number** 61-6033839 INDUSTRIAL AND BUSINESS Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant SENERAL SUPPORT FOR DEVELOPMENT EFFORTS or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization (below if applicable cash grant assistance cash grant or government assistance or government assistance cash grant assistance cash grant assistance other) 1 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▼ Attach to Form 990. 35,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INDUSTRIAL LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(6) . 00 Enter total number of other organizations listed in the line 1 table OWENSBORO DAVIESS 61-1254984 General Information on Grants and Assistance INC. criteria used to award the grants or assistance? FOUNDATION, 1 (a) Name and address of organization DEVELOPMENT CORPORATION - 200 E 3RD ST - OWENSBORO, KY 42303 GREATER OWENSBORO ECONOMIC Name of the organization Department of the Treasury Internal Revenue Service **SCHEDULE 1** (Form 990) Part ! 2 Des Part II

61-6033839

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed FOUNDATION, INC. Schedule I (Form 990) (2011) Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) SCHEDULE I, PART I, LINE 2: THE ORGANIZATIION'S BOARD OF DIRECTORS REVIEWS Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information NONPROFIT ORGANIZATIONS' EFFORTS IN INDUSTRIAL AND ECONOMIC DEVELOPMENT SPECIFIC REQUESTS FOR ASSISTANCE. GRANTS ARE AWARDED TO ASSIST OTHER (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2011)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

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.

OWENSBORO DAVIESS COUNTY INDUSTRIAL FOUNDATION, INC. LIST OF PRINCIPAL OFFICERS

Dean Stanley 3811 Sandwedge Court Owensboro, KY 42303 President and Chairman

(Vice-President, Vacant) (2nd Vice-President, Vacant) James M. Miller Sullivan, Mountjoy, Stainback & Miller, P.S.C. 100 St. Ann Building P. O. Box 727 Owensboro, Kentucky 42302-0727 Secretary

Joseph A. Hancock Riney, Hancock & Co. 2900 Veach Road Owensboro, KY 42303 Treasurer

OWENSBORO DAVIESS COUNTY INDUSTRIAL FOUNDATION, INC. LIST OF DIRECTORS

Dean Stanley 3811 Sandwedge Court Owensboro, KY 42303

James M. Miller Sullivan, Mountjoy, Stainback & Miller, P.S.C. 100 St. Ann Street Owensboro, KY 42303

Dennis Newberry 1762 Yelvington-Knottsville Rd. Maceo, Kentucky 42355

James Quisenberry 880 Live Oak Place Owensboro, KY 42303

Joseph A. Hancock Riney, Hancock & Co. 2900 Veach Road Owensboro, KY 42301 Scott McCain BB&T 230 Frederica Street Owensboro, Kentucky 42301

George Collignon 530 Griffith Avenue Owensboro, Kentucky 42301

William J. Thompson 3633 Briar Cliff Trace Owensboro, KY 42303

Stan Conn Owensboro Municipal Utilities 2070 Tamarack Road Owensboro, Kentucky 42301