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

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury

roanization may have to use a copy of this return to satisfy state reporting requirements

inter	nai Revenue	Service		ne organization	ii iilay nave to us	c a copy of t	ins return to s	ausiy state repo	ung require	JINCHW			- P	
A	For the 2	2012 calen	dar year, or tax	year begir	nning 7/0	1	, 20	12, and endir	ng 6,	/30		201		
В	Check if app	plicable	С							D Employ	er Identii	fication	Number	
	Addres	s change	Webster C	County F	Economic	Develo	pment			61-	11554	197		
	Name	change	PO Box 29	16						E Telepho	one numb	er		
	Initial r	return	Dixon, KY	42409						270	-639-	-504	2	
	Termin	nated												
	⊣	led return								G Gross	eceipts \$	3	2,700,	308.
	$\boldsymbol{\vdash}$	ation pending	F Name and add	iress of principa	al officer.				H(a) Is the	s a group retu			Yes	XNo
		po	Same As C						H(b) Are a	ill affiliates inc	luded?		Yes	No
ī	Tax-exen	npt status		X 501(c) (6) 4 (ir	sert no.)	4947(a)(1	or 527	If 'No	,' attach a list	(see inst	ructions) —	_
÷	Websit			14 001(0) (0 / ("	10011110.7	1017(0)(1	7 0. 02.	H(c) Grou	p exemption n	umber ►			
ĸ		organization	X Corporation	Trust	Association	Other >		L Year of Forma				aal dom	ncile KY	
				Trust	ASSOCIATION	Outer		E rear or Forma	10011 130	00 Im .	state of le	gai doir	iiciie IXI	
Fe		Summar	be the organiza	ation's miss	sion or most s	significant	activities	To promo	±	onomia	dorro	1 000	ont i	
	1	-	=			_		To promo						
Activities & Governance			County by n grants											
ā			<u>n grancs</u> l quidelin				7 70 Tie	m and ev	1201110	L Dustil	222_0	inde.	<u>. sca</u>	<u>.c_</u>
Ver	2 Ch	eck this h	ox > If the	organizatio	on discontinui	ed its oner	ations or d	sposed of m	ore than	25% of its	net ass	sets		
Ĝ			oting members					ispected or in	0.0	20 70 01 110	1 3 1			15
∘ಠ			dependent voti					line 1b)			4			15
ies	5 Tot	tal number	r of individuals	employed ı	n calendar ye	ear 2012 (F	Part V, line	2a)			5			0
₹	6 Tot	tal number	r of volunteers	(estimate if	necessary)						6			0
AG	7 a Tot	tal unrelat	ed business rev	venue from	Part VIII, col	umn (C), I	ine 12				7 a			0.
	b Ne	t unrelated	d business taxa	ble income	from Form 9	90-T, line	34				7 b			0.
		- "				-				Prior Year		C	urrent Ye	ear
•	8 Co	ntributions	and grants (Pa	art VIII, line	e 1h)								2,591	,914.
Revenue	9 Pro	9 Program service revenue (Part VIII, line 2g)												
»	10 Inv	estment ır	ncome (Part VII	II, column ((A) lines 3, 4	-and-7.d):	CIVE	<u>J</u> .		33,0	94.		76	,002.
æ	11 Oth	her revenu	ie (Part VIII, co	lumn (A), lı	ines 5, 6d; 8c	, 9c, 10c,	and 11e)	721					32	,392.
	12 To	tal revenue	e – add lines 8	through 11	(must éုရ <u>ှပ</u> ျခုံ	Pant VIII,	column) (A), lɪr̩e̪-j͡ 2) .		33,()94.		2,700	,308.
	13 Gra	ants and s	ımılar amounts	paid (Part	IX, columni (/	A), lines 1	-3)	RS.		25,	500.		205	,432.
	14 Be	nefits paid	I to or for mem	bers (Part I	IX, column (A	(), line 4)	£ p. 3	≝1,⊬i						
	15 Sa	laries, oth	er compensatio	n, employe	e benefits (P	art IX, col	ũển (A) li	nes 5-10)						
ses	16a Pro	ofessional	fundraising fee	s (Part IX.	column (A). I	ine 11e)	***************************************							
Expenses			sing expenses	="		-			,				5.5	
ă			= '			_			-		\ \ \			400
	I	-	ses (Part IX, co			-	(A) luna 05				931.			<u>, 483.</u>
	I	-	es. Add lines 1	-	-		(A), line 25)		27,4				<u>, 915.</u>
- y 2		venue less	s expenses Su	otract line	is from line 1	12		<u> </u>			563.		2,489	
a i				٠.						ing of Curre			nd of Ye	
38	20 To		(Part X, line 16							1,407,			3,897	
Net Assets of Fund Balance	21 Tot		es (Part X, line	•		•					0.			0.
			r fund balances	Subtract I	line 21 from I	ine 20 .				1,407,	764.		3,897	<u>,157.</u>
			re Block					_						
Unde	er penalties	of perjury, I d	eclare that I have ex arer (other than offic	amined this ret	turn, including acc	companying So	thedules and s	atements, and to	the best of	my knowledge	and belie	ef, it is t	rue, correct	. and
Com	piete Deciai	T- T-	arer color diam office	er) is based on	and the state of t	7 January Prepar	Tias ally	7	—-т	/-		,	9 2 /	3
		<u> </u>	Jan	<u>~</u> ✓	<u> </u>	14/				Date	-/	- 2	-07	
Sig	gn		ule of officer											
He	re		ven R. Wh:			·			Exec	cutive	Direc	ctor		
			r print name and title	<u></u>	1						, ,	DTIN		
•		1	preparer's name		Preparer's sign	nature	4	Date /	/	Check	J" !	PTIN		
'Pa	id	Shell:	ie K. Utle	y, CPA	Melli	K. Ut	un sa	11/02	113	self-employ	ed]	P012	02728	
3Pr	eparer	Firm's nam	e Berry	& King	ton, PSC		0'	·						
	e Only	Firm's addr		North M						Firm's EIN	<u>► 61</u> -	-133	0161	
					, KY 424	31				Phone no	270-	821	-3355	
Ma	y the IRS	discuss th	nis return with t				structions)					X	Yes	No

Form **990** (2012)

	990 (2012) Webster County Economic Development	61-11	5549	7	F	age 2
Par						
	Check if Schedule O contains a response to any question in this Part III .					
1	Briefly describe the organization's mission:					
	To promote economic development in Webster County by creating op	portuni	ties	in		
	conjunction with other organizations to obtain grants and provid				o ne	w
	and existing business under state mandated guidelines for such m					
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or				
	Form 990 or 990-EZ?			Yes	X	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 se	rvices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O.		ш			
4	Describe the organization's program service accomplishments for each of its three largest program service.	vices, as m	easure	ed by	expen	ses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount o	f grants and	alloca	tions t	0	
	others, the total expenses, and revenue, if any, for each program service reported					
4 a	(Code:) (Expenses \$ 205,432. including grants of \$ 2,591,914.) (F)
	To promote economic development in Webster County by creating op					
	conjunction with other organizations to obtain grants and provid	e seed	mone	y_to	ne ne	·W
	and existing business under state mandated guidelines for such m	onies.				
						. – – –
4 t	(Code) (Expenses \$ including grants of \$) (F	Revenue	\$			
						. – – –
						. – – –
	(Code) (Fueenes C undudus seeds of C) //		.			
40	: (Code) (Expenses \$ including grants of \$) (F	Revenue	ѷ			—,
						-
4 0	Other program services (Describe in Schedule O.)					
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	• Total program service expenses ► 205, 432.					

Pa	rt 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	Ĺ
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		х
4	Section 501(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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	,	х
6	Did the organization maintain any donor advised 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? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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	9		х
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	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable		,, , , ,_i	\$
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
	b 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	11 b		х
	c 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	11 c		х
	d 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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	<u> </u>	Х
	f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		х
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	15		х
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	16		х
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 (see instructions)	17		х
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	18		х
	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	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	_	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20 b		

<u> </u>			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	х	
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 2° If 'Yes,' complete Schedule I, Parts I and III .	22		Х
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 Schedule J	23		х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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		·X
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
•	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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? <i>If 'Yes,' complete Schedule L, Part l</i> .	25a		
1	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, highest compensated employee, or disqualified 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 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		Х
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):	1.0	. K-3,	
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	<u> </u>	Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.	31	<u> </u>	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		Х
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
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
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		
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		х
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Forn	n 990 ((2012)

Check if Schedule O contains a response to any question in this Part V			П
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1 a			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
(gambling) winnings to prize winners?	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		- ~
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X '
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i> .	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		х
b If 'Yes,' enter the name of the foreign country ▶			-
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	 		
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		_X_
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
•	-		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 ь		
7 Organizations that may receive deductible contributions under section 170(c).	00		
· · ·			ļ
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?	7 a)
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	 ''	-	
Form 8282?	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		<u> </u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		<u> </u>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter			
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 10b]		
11 Section 501(c)(12) organizations. Enter:		١.	į
a Gross income from members or shareholders 11a]	,	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
a Is the organization licensed to issue qualified health plans in more than one state?	13a		<u>L</u>
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			
c Enter the amount of reserves on hand	 		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		(22:2:
BAA TEEA0105L 08/08/12	Form	1 990	(2012)

Form 990 (2012) Webster County Economic Development 61-1155497 Page 6 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . 1 a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 15 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 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х See Schedule O X Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch 0 stockholders, or other persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8 a b Each committee with authority to act on behalf of the governing body? 8 b Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule 0 X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12 b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done Х 12 c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15 a X **b** Other officers of key employees of the organization 15 b 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 arrangement with a Х taxable entity during the year? 16 a b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b **Section C. Disclosure** List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization Webster County Fiscal Court Main Street Dixon KY 42409 270-639-5042

BAA

Form 990 (2012) Webster County	Econom	ic D	ev(elo	рш	ent			61-1155		age 7
Part VII Compensation of Officers	s, Direct	ors,	Tru	ste	es,	Key	En	ployees, Highes	t Compensated E	mployees, a	ind
Independent Contractors Check if Schedule O contains a		to an	v an	estic	n ır	this	Part	VII			
Section A. Officers, Directors, Tru									ated Employees		<u> </u>
1 a Complete this table for all persons required organization's tax year	to be liste	d Rep	ort c	omp	ensa	ation fo	or th	e calendar year ending	with or within the		
• List all of the organization's current of compensation Enter -0- in columns (D), (E)	fficers, dir), and (F)	ectors	s, tru	ıstee pens	es (v atio	vhethe	er in S pai	dividuals or organiza	tions), regardless of a	amount of	
 List all of the organization's current k 											
 List the organization's five current hig who received reportable compensation (Box organization and any related organizations. 	hest com 5 of Forn	pensa n W-2	ted (and	emp l/or E	loye 3ox	es (ol 7 of F	her orm	than an officer, direct 1 1099-MISC) of more	ctor, trustee, or key er e than \$100,000 from	nployee) the	
 List all of the organization's former of of reportable compensation from the organization 	ficers, key on and any	/ emp / relate	loye ed or	es, a gani	and zatio	highe: ons	st co	ompensated employe	es who received more	e than \$100,000	1
 List all of the organization's former directed organization, more than \$10,000 of reportable 	ors or trust de compe	t ees th nsatio	at re n fro	ceive om tl	ed, II he c	n the c organi	apac zatio	city as a former director on and any related or	r or trustee of the ganizations.		
List persons in the following order individual triemployees, and former such persons.	ustees or c	lirector	rs, ın	stitu	tiona	al trusi	tees	, officers, key employe	es, highest compensate	ed	
X Check this box if neither the organization n	or any rela	ted or	ganiz	zatioi	n co	mpens	sate	any current officer, d	rector, or trustee		
]			(C	•)						
(A) Name and Title	(B) Average hours per	one be	ox, un er an	less p	erso	more to n is both r/trustee	an an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of oth	
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensatio from the organization and related organization:	ì
(1) Steven Whitsell Chairman	2	х						0.	0.		0.
(2)									0.		
(3)											
									_		
(5)											
(6)											
(8)		ļ				٠					

(10)

(11)

(12)___

(13)

(14)___

(9)

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>	3		x
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	-अध्यः -	X

Section B. Independent Contractors

	(A)	(D)	,	_
	compensation from the organization. Report compensation for the calendar year ending w	with or within the organization's tax	year	
1	Complete this table for your five highest compensated independent contractors that			

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) v \$100,000 in compensation from the organization 0	who received more than	

Form **990** (2012)

	Check if Schedule	O contains a respo	nse to any quest	ion in this Part VIII			
				(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	a Federated campaign b Membership dues c Fundraising events. d Related organization e Government grants (contri	1b 1c 1d	2,591,914.				
	f All other contributions, gift similar amounts not include g Noncash contributions incl. h Total. Add lines 1a-1	ed above 1f \$_	1,154,046.	2,591,914.			
IVICE REVENU	2a b		Business Code				
PROGRAM SERVICE REVENUE	d e f All other program se	!					
	3 Investment income (other similar amount Income from investment income from income from income from investment income from investment income from i	ncluding dividends s)	•	76,002.	76,002.		
	6 a Gross rents b Less: rental expense c Rental income or (loss)		(ii) Personal			The state of the s	S & A S S S S S S S S S S S S S S S S S
	d Net rental income or 7 a Gross amount from sales assets other than inventor b Less cost or other basis and sales expenses	(i) Securities	(II) Other				
ш	c Gain or (loss) d Net gain or (loss) 8 a Gross income from f	undraising events			a amazan, san bil mahindharan in pen amaz		A Committee of the Comm
OTHER REVENUE	(not including \$ of contributions repo See Part IV, line 18 b Less direct expense	. a s b				Manufacture and the same of th	,
	c Net income or (loss) 9 a Gross income from of See Part IV, line 19 b Less direct expense	aming activities.					
	c Net income or (loss) 10 a Gross sales of inven and allowances b Less. cost of goods	ory, less returns		-			
	c Net income or (loss) Miscellaneous Re 11a Sale of surplus	from sales of inver		31,600.	31,600.		
	b Timber Sales c d All other revenue e Total. Add lines 11a	11d	•	792.	792.		
	12 Total revenue. See u			2 700 308	108 394	0.	0.

Form **990** (2012) Webster County Economic Development 61-1155497 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) Check if Schedule O contains a response to any question in this Part IX <u>(D)</u> Do not include amounts reported on lines 6b, Total expenses Fundráising Program service Management and 7b, 8b, 9b, and 10b of Part VIII general expenses expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 205,432 205,432 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0. 0 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes 11 Fees for services (non-employees) a Management 2,570 2,570 **b** Legal c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) Advertising and promotion 13 Office expenses 32 32 14 Information technology 15 Royalties Occupancy 16 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 23 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. 24 expenses on Schedule O.) 2,342 2,342 a Sales Taxes b Accounting Fees 350 350 189 189 c Repairs & Maintenance e All other expenses 25 Total functional expenses. Add lines 1 through 24e 210,915. 205,432 5,483 0.

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 ► ☐ If following SOP 98-2 (ASC 958-720).

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing. 2 Savings and temporary cash investments . 2 596,156 2,151,663 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other 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) Complete Part II of Schedule L 6 Notes and loans receivable, net 811,608 1,745,493 8 Inventories for sale or use 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 100 Investments - publicly traded securities. 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,407,764 3,897,157 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 Total liabilities. Add lines 17 through 25 26 0. 0. Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. 27 39,405 Unrestricted net assets 65,929 28 Temporarily restricted net assets 28 341,835 3,857 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds สถ Paid-in or capital surplus, or land, building, or equipment fund 31

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34

3,897,157. Form **990** (2012)

3,897,157

32

33

34

1,407,764

407,764

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Forn	1990 (2012) Webster County Economic Development	T-1	L1554	9/	Pa	age IZ
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1	2,	700,	<u> 308.</u>
2	Total expenses (must equal Part IX, column (A), line 25)		2		210,	<u>915.</u>
3	Revenue less expenses. Subtract line 2 from line 1		3	_2,4	189,	<u> 393.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	[4	1,4	107,	764.
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8		_	
9	Other changes in net assets or fund balances (explain in Schedule O)		9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))		10	3,8	397,	157 <u>.</u>
Pai	t XII Financial Statements and Reporting	·	·			
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			_ _	1	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 8		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both:	ewe	d on a	٠, ,	. 3	
	Separate basis Consolidated basis Both consolidated and separate basis				^	
- 1	Were the organization's financial statements audited by an independent accountant?			21		X_
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	para	te			
	Separate basis Consolidated basis Both consolidated and separate basis			-		
		4.لـم. ،			w 10.4mm.m m	. see a seeman I
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	uuit,		20	:	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				 	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le		3 8		х
ı	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audı	t	31		
BAA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			For	n 990	(2012)

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Department of the Treasury Internal Revenue Service Name of the organization

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number

61-1155497

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X Yes

Part I General Information on Grants and Assistance Webster County Economic Development

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 criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>Madisonville Community Collg</u>	61-1320380		12,211.	.0			Workready Community Grant
(2)							Community Educational Improvement
(3) <u>Henderson, KY 42420</u> Northwest Ky Training Center	61-1018220 501 (c) 4	501 (c) 4	25,000.	0.			Forum Work Ready Communities
(4) Henderson, KY 42420 Webster_County Area Tech 325 St Rt 1340	61-1018220 501 (c) 4	501 (c) 4	22,221.	0.			Program Workready Community
(5) <u>Dixon</u> , <u>KY 42409</u>	61-0600439		146,000.	0			Grant-Technolgy
<u>@</u>							
(8)							
 2 Enter total number of section 501(c)(3) and government organization 3 Enter total number of other organizations listed in the line 1 table 	3) and government or ions listed in the line	□	ns listed in the line 1 table			A A	2 2

Schedule I (Form 990) (2012)

TEEA3901L 11/30/12

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) (2012) 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. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other 61 - 1155497Method of valuation (book, FMV, appraisal, other) • (d) Amount of non-cash assistance (c) Amount of cash grant Webster County Economic Development (b) Number of recipients additional information. (a) Type of grant or assistance Schedule I (Form 990) (2012) Part IV Part III BAA

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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

20

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

webster	r County Economic Development	61-1155497
	Excess Benefit Transactions (section 501(c)(3) and s	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	25a or 25b, or Form 990-EZ, Part V, line 40b.

	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Cor	rrected?
•		person and organization		Yes	No
(1)					
(2)					
(3)					
(4)					<u> </u>
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

►\$ ►\$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) In (lefault?	(h) Ap by bo comm	proved ard or nittee?	(ı) Wi agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												<u> </u>
(3)		•			•							
(4)					-							
(5)												<u> </u>
(6)												
(7)												
(8)							**					
(9)												
(10)												
Total					▶ \$				-		₹,18°	

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					<u> </u>
(4)					
(5)					
(6)					
(7)					<u> </u>
(8)					
(9)				<u></u>	
(10)					

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 Webst	er County Econor	mic Developmen	t 61-1155497	Page
Part IV Business Transactions Involve Complete if the organization answered			с.	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organization revenues?
(1) Shellie K. Utley	Board Member	350.	Tax Return Preparation	Yes No
(2)	Bould Hembel	330.	Tun Neculii Preparacion	
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				·
(10)				
Part V Supplemental Information				
Complete this part to provide additional	information for response	s to questions on Sched	dule L (see instructions).	
	_ 			
				_ _
		-		

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Part I Types of Property (a) Check if applicable contributions or items contributed on Form 990. Part VIII, line 1g 1 Art — Works of art 2 Art — Historical treasures 3 Art — Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded	
Check if applicable contributions or items contribution amounts reported on Form 990, Part VIII, line 1g 1 Art — Works of art 2 Art — Historical treasures 3 Art — Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded	
2 Art — Historical treasures 3 Art — Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded	
3 Art — Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded	
4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded	
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded	
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded	
7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded	
8 Intellectual property 9 Securities — Publicly traded	
9 Securities – Publicly traded	
10. Considered Closely held sheet	
10 Securities — Closely held stock	
11 Securities – Partnership, LLC, or trust interests	
12 Securities – Miscellaneous	
13 Qualified conservation contribution — Historic structures	
14 Qualified conservation contribution — Other	
15 Real estate – Residential	
16 Real estate – Commercial	
17 Real estate – Other	
18 Collectibles	
19 Food inventory	
20 Drugs and medical supplies	
21 Taxidermy	
22 Historical artifacts .	
23 Scientific specimens	
24 Archeological artifacts	•
25 Other ► (Notes Receivable) X 1 1,154,046. FMV	
26 Other ► ()	•
27 Other > ()	
28 Other ► ()	
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . 29	
Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must	
hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	X
b If 'Yes,' describe the arrangement in Part II	+^
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Х
b if 'Yes,' describe in Part II	
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	
describe in Part II	

Scriedule	m (Form 9	90) 2012	webs	ster (Lounty	ECONO	шіс ре	verop	nent		0.	<u> </u>	1	raye z
Part II	Supple and 33 number	mental , and wi r of iten	Information in the Information in the Information in Information Information in Information Info	ation. (the org	Complet anızatio r a coml	e this p n is rep bination	art to poorting in	rovide i n Part I n. Also	the inforr , column complete	nation re (b), the this par	quired by number of t for any a	Part I, Iir of contribu additional	nes 30b, a ltions, the informat	32b, e ion.
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TEEA4602L 12/10/12

Schedule M (Form 990) 2012

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

► Attach 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.

OMB No 1545-0047 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 61-1155497 Webster County Economic Development Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder Shares in the Corporation shall be sold to individuals or businesses at the rate of \$50.00(fifty dollars) per share. An individual business or other corporation shall be entitled to own only one share in this Corporation and thus will be entitled to but one vote in the management of affairs of the Corporation. The business and affairs of the Corporation shall be managed by its Board of Directors. The Director must have a vested interest in Webster County Kentucky and shareholders of the Corporation. Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders All business matters undertaken by the Corporation shall be approved at any meeting that a quorum is present. A quorum is a majority of the active or currently seated directors, vacancies are not counted. Form 990, Part VI, Line 11b - Form 990 Review Process The Executive Director and Finance committee review the Form 990 for completeness and accuracy. Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available The Webster County Economic Development Corporation will make its governing documents, conflict of interest policy, and financial statements available to the public upon request.