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# Form **990**

Department of the Treasury

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

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

OMB No 1545-0047
2009
Open to Public

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 6/1/2009 , and ending 5/31/2010																
В	Check if app	licable	Please use IRS	C Name of	of organization	BOWLIN	BOWLING GREEN SCHOOL INC					D Employer identification number				
	Address c	hange	label or	Doing E	Business As						72-06	35639				
	Name cha	nge	print or	Numbe	r and street (c	r P O box if mail i	s not delivered to	street ad	dress)	Room/s	uite E Tel	ephone n	umber		-	
	Initial retu	m	type. See	700 VAR	NADO ST	REET					985-8	39-5317	7			
	Terminate	d	Specific Instruc-			country, and ZIP +	4									
	Amended	return		FRANKL	INTON			٩	7043	8	<b>G</b> Gro	ss receip	ts \$	1,€	<b>604,835</b>	
	Applicatio	n pending	FN	lame and a	ddress of p	rincipal officer.				H(a	) Is this a gro	up return	for affiliates?	Yes	X No	
			SCOTT	REEDY	1530 MAIN	STREET, FR	ANKLINTON	I. LA 70	)438		) Are all affili	•		Yes	=	
1	Tax-exen				3) <b>◄</b> (ın		4947(a)(1) d		527		•		(see instruction		٠٠٠ ـــــ	
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	Website					<del></del>			<del></del>		) Group exer					
_	Form of or			rporation	Trust	Association	U Other ▶			Year of fo	rmation	1969	M State of le	gal domicile	B LA	
	Part I		mmary			<del> </del>	<del> </del>	<del></del>								
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•		PROVIL	DE EDU	CATION	OR PRE-	K THROUGH	GRADE 12									
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	) 'a					me from Form							7b		0	
CONSTRUCTOR	<del></del>	THE CHIL	Ciated bi	usiness te	ANADIO IIICO	and nomin on	1 300-1, 11110	<del>54</del>	<u></u>	<del></del>	Prior			Current Yea		
乭	8	Contrib	utions ar	nd arants	(Part VIII,	line 1h)						121,			114,712	
					(Part \/III,	- ·	<u> </u>			·		1,308,			281,054	
H H	9 10					n (A)(டுந்து	4/ (and 7d)	7		. —			351		31,103	
Ċ	11	Other re	evenue (	Part VIII.	column (A	, lines 5, 6d.	3c. 9c. 10c. a	nd 11e					760		134,915	
	12					must equal Part						1,563,			561,784	
_	13	Grants :	and simi	ilar amoui	nts patd⊞R	art 1X. Goldmin	(All lines D	B)					0		0	
	14	Benefits	s paid to	or for me	mbers (Pa	rt IX, column (	A), line 4)			. 🗀			0		0	
	, 15	Salaries	s, other o	compensa	ation, empl	over benefits	(Part IX, cold	mn (A)	, lines 5-	-10) 🔃		1,165	514	1,0	094,827	
	16a b	<b>Profess</b>	ional fur	ndraising <sup>•</sup>	fees ( <u>Part</u>	X column (A)	,line 11e) .			.			0		C	
	§ b	Total fu	ndraisin	g expense	es (Part IX	, column (D), I	ine 25)			0 7 %						
ť	<sup>0</sup>   17	Other e	xpenses	(Part IX,	column (A	), lines 11a-1	1d, 11f-24f)					411	001		423,227	
	18					nust equal Par		(A), line	25)	L_		1,576		1,!	518,054	
	19	Revenu	<u>ie less e</u>	xpenses.	Subtract li	ne 18 from line	<del>.</del> 12	· <u> </u>	<u></u>	\		-13	117		43,730	
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į	[월] 40									<b> </b>		1,336			307,932	
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Sign		<b>₩</b>	Signature	e of officer								Date	<del></del>			
Н	ere		SCOTT	REEDY	•				P	RESIDE	ENT					
		_   7_		orint name ar	nd title											
			parer's	• •	` ^	7		Date		Check	ıf		Preparer's iden		ber	
P	aid	sign	ature	- YY La	molli	Kaubi	)IIIM I	0.44	1/2040	self-	upd ►		(see instructions)			
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U	se Only	ıf se	If-employe	d),		ACCOUNTIN					EIN		<u> 27-1574265</u>			
_			ress, and Z			AVENUE, FR					Phone	no 🕨	<u>(985) 839-4</u>			
M	lay the If	RS discu	iss this r	eturn with	the prepa	rer shown abo	ve? (see ins	truction	s)	<u>.</u>	<u> </u>		<u> </u>	X Yes	☐ No	
	or Drivos	Ant and	1 Pananu	ork Rodu	tion Act No	otice, see the s	ongrata inote				-			5 Q	90 (2009)	

		72-0685639	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	PROVIDE EDUCATION FOR PRE-K THROUGH GRADE 12		
			· · · · · · · · · · · · ·
		,	
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ?	☐ Vac	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		
J	services?	☐ vaa	X No
	If "Yes," describe these changes on Schedule O.	res	V NO
4	Describe the exempt purpose achievements for each of the organization's three largest program services I	hu avnanca	
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo		and a
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	uni oi granis a	IIIQ
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4-	(Code ) (Company 6 4 549 054 including parts of 6 0 ) (Company 6	4.504	704)
4a		1,561	,/84)
	PROVIDE EDUCATION FOR PRE-K THROUGH GRADE 12		
			·
		- <i></i>	
4b	(Code:) (Expenses \$0 including grants of \$0 ) (Revenue \$		<u>(0</u> )
		<i></i>	
			<i></i>
	•		
			·
			·
			·
			<i></i>
4C	(Code:) (Expenses \$0 including grants of \$0 ) (Revenue \$		0)
			·
			····
4d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
40	Total program service expenses > 1 518 054		

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

## Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	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, that was issued after December 31, 2002? If "Yes," answer lines	١.,		١.,
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-		
	to defease any tax-exempt bonds?	24c		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		<del>  ^-</del> -
ZJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	}	x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		<del>  ^-</del>
	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	]	x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		<del>  ^</del>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	1		]
	If "Yes," complete Schedule L, Part III	27	1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		.0	<b>管理</b>
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			-
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	L_	X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			ĺ
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		İ	
	Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
	conservation contributions? If "Yes," complete Schedule M	30	<b>├</b> ─	<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		١.,
	Part I	31	├	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	22		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	+	X
JJ	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33	-	<del>  ^</del>
<b>J</b>	III, IV, and V, line 1	34	1	×
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	124		<del>  ^-</del>
-	Schedule R, Part V, line 2	35		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	55		<del>  ^</del>
	organization? If "Yes," complete Schedule R, Part V, line 2	36	[	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			† <del>"</del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			1
	VI	37	Ì	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			1
	19? Note. All Form 990 filers are required to complete Schedule O	38	l x	
			_	10000

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	7		
	U.S. Information Returns. Enter -0- if not applicable	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 . 2a 87			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3 <b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	<u> </u>	X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
h	account)?	4a		X
b	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	( )		3.
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		ì	l
_	organization solicit any contributions that were not tax deductible?	<u>6a</u>	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			İ
7	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			€ 4.327
a	and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>  ^</del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	·-	<del>                                     </del>	
	required to file Form 8282?	7c		Ιx
d	If "Yes," indicate the number of Forms 8282 filed during the year		2	7
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		Y
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<del>                                     </del>	x
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<b> </b>	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		T	
	required?	7h	<u>.</u>	Х
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	1000	13.1	16
	organization, have excess business holdings at any time during the year?	8		-
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	├	├
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1,		V/3
a b	Initiation fees and capital contributions included on Part VIII, line 12			100
11	Section 501(c)(12) organizations. Enter:	- F		· l <sub>t</sub> 1
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			$D_{q} \cap q$
12a	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   12b	5000		1.7

Page 6

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.

Sect	lon A. Governing Body and Management			
	,		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			 
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 of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6_	X	ļ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	l _	١	
	of the governing body?	7a	X	
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:		Ÿ	
a	The governing body?	8a	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b	X	-
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	}	
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal	Ja	L	<u> </u>
	enue Code.)			
71000	mae oode.j		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	100	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100	_	<del>  ^-</del>
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Ì	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1.05	<del>                                     </del>	<del>                                     </del>
	form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Ì	X
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		1
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	,		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			)
а	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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 taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted 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?	16b		<u> </u>
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			<b></b>
18	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.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► AMY BALL 985-839-43	17	<b></b> -	
	700 VARNADO STREET FRANKLINTON LA 70438			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee. (B) (D) (E) (F) Position (check all that apply) Name and Title Average Reportable Reportable Estimated compensation hours per compensation amount of Highest Individual Key employee Former Institutional trustee week from related other compensation organization (W-2/1099-MISC) from the compensated (W-2/1099-MISC) organization and related organizations SCOTT REEDY **PRESIDENT** Х 0 0 0 BRENT KING VICE PRESIDENT 2 Х 0 0 0 DANA KNIGHT TREASURER Х 0 0 0 BROOKE MOODY 2 SECRETARY 0 MIKE HENLEY **HEAD MASTER** 40 0 38,250 0 MIKE BROCK **BOARD MEMBER** 2. 0 0 0 KELVIN MCCAIN **BOARD MEMBER** 2 0 0 0 STACEY RICHARDSON **BOARD MEMBER** 0 0 0 CHRIS BIRD **BOARD MEMBER** 2 0 0 0 SCOTT PRISK 2 **BOARD MEMBER** 0 0

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees,	and	l Hig	hest	Cor	mpensated Em	ployees (co	ntinu	ed)	
	(A)	(8)			•	C)			(D)	(E)	- {	(F)	
	Name and title	Average	<del></del>	sition		k all ti	nat app		Reportable	Reportable		Estima	
	•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-Mis	s	amoun othe compens from t organiza and rela organiza	er sation the ation ated
												<del></del> _	
						_							
						_	<u> </u>						
							_						
			<u> </u>		_		_						
			<u> </u>	_	_		_		!		_		
		ļ		_	_	_	<u> </u>		ļ		_		
			_		_	_	-		<u> </u>		$\downarrow$		
				_			_	<u> </u>		ļ	$\perp$		
			_								$\bot$		
			<u></u>					<u> </u>					<del></del>
<u>1b</u>	Total	<del></del>	<u> </u>	<u> </u>	<u></u>		<u> </u>	. •	38,250		0		0
2	Total number of individuals (including but n reportable compensation from the organiza		se lis	ted a	ode 0	e) w	ho re	ceiv	ed more than \$1	100,000 in			
_							_			_	( v-26	Yes	No
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete So							_	est compensated		3		X
4	For any individual listed on line 1a, is the su the organization and related organizations of individual										4		×
5	Did any person listed on line 1a receive or											H VALUE	
50	services rendered to the organization? If "Y	es, complete s	cnec	iuie .	J TOP	Suc	n per	son	· · · · · · ·	• • • • •	5	ــــــــــــــــــــــــــــــــــــــ	X
1	Complete this table for your five highest co	mnensated inde	nenc	lent	cont	racto	ors th	at re	eceived more tha	n \$100 000	of		<del></del>
·	compensation from the organization.						713 til	T-		11 \$100,000			
	(A) Name and business	address						_	(B) Description of ser	vices	Con	(C) pensation	
	<del></del>					—.		╂	<del></del>				0
		<del></del>						+-				<del></del>	0
													0
											·	*/*Gk*****	(2) 3.00
2	Total number of independent contractors (in more than \$100,000 in compensation from	-		ed to	tho	se li	sted		ve) who received		多		

Form 990	0 (2008	BOWLING GREEN SCHOOL INC	<b>;</b>				72-068	5639 Page <b>9</b>
Part	VIII	Statement of Revenue						T
1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ह है	1a	Federated campaigns	1a	0				
흔	b	Membership dues	1b	0	[			1
S E	C	Fundraising events	1c	56,995	į			1.
ara	d	Related organizations	1d	0	ļ	ļ		1
3, <u>E</u>	e	Government grants (contributions).	1e	50,557	Ì			1
tion	f	All other contributions, gifts, grants,	and					\$
Contributions, gifts, grants and other similar amounts		similar amounts not included above		7,160	İ			
들	g	Noncash contributions included in lie	nes 1a-1f: \$	o			•	1
8 g	<u>h</u>	Total. Add lines 1a-1f	<u> </u>		114,712			1
9			1	Business Code				
P V		TUITION			1,101,324	1,101,324		ļ
22		LATE CHARGES			12,240	12,240		<u> </u>
$\frac{5}{5}$	C	REGISTRATON			72,627	72,627		<u> </u>
Program Service Revenue	d				762	762		<b>_</b>
Ĕ					2,035	2,035		<u> </u>
8		All other program service revenue.			92,066	92,066		
	g	Total. Add lines 2a-2f	<u> </u>	<u>, , , , , , </u>	1,281,054			
	3	Investment income (including divide	nds, interest, and	t t	1			-
İ		other similar amounts)			31,103			31,103
i	4	Income from investment of tax-exen			0			
ļ	5	Royalties	<del> </del>	<u> ▶</u>	0			
			(ı) Real	(II) Personal			, , , , , , , , , , , , , , , , , , ,	
ļ	6a	Gross Rents	3,000	<del></del>		<u></u>	·- '	
	b	Less: rental expenses				•		
	C	Rental income or (loss)	3,000					السنسا
ĺ	d	Net rental income or (loss)			3,000	<del></del>	,	
	7a	Gross amount from sales of	(ı) Secunties	(II) Other		,		
		assets other than inventory	0	0				1
i	b	Less: cost or other basis	o	٥				
		and sales expenses	0	0	-	,	4.	
	C	Net gain or (loss)			0	<del> </del>		<u> </u>
Ì	d	Gross income from fundraising				7		
9	Ua	events (not including \$	56 905					
Other Revenue		of contributions reported on line 1c)				-	1'1 .	
ا چ		See Part IV, line 18		93,278		-		
7.	ь	Less: direct expenses		43,051	•	μ.,		
ş		Net income or (loss) from fundraisir			50,227			
J		Gross income from gaming activitie					, , , , , , , , , , , , , , , , , , , ,	1
		See Part IV, line 19		0				
	b			0			<u></u>	
	C				0			
	10a	Gross sales of inventory, less						
	<b>\</b>	returns and allowances	a	0	•	·	,	.   *
		Less: cost of goods sold		0	*		, 	
	c	Net income or (loss) from sales of it	nventory		0			
	<u> </u>	Miscellaneous Revenue		Business Code				
		LUNCHROOM & CONCESSIONS			51,195			<del></del>
	b	TRANSPORTATION REVENUE		<b></b>	-5,507		,	<del></del>
	C			L	36,000			<del> </del>
	d	All other revenue		L — — — — — — — — — — — — — — — — — — —	0			<del> </del>
	θ	Total. Add lines 11a–11d			81,688			
	12	Total revenue. See instructions	<u> </u>	<u></u> ▶	1,561,784	1,362,742	L	0 31,103

72-0685639

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 requ	uired to complete	columns (B), (C), a	and (D).
	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 U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in		·		
	the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments,			V.	
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0		-	
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		L	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	999,091	999,091		
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	10,425	10,425		
9	Other employee benefits	0			<del></del>
10	Payroll taxes	85,311	85,311		
11	Fees for services (non-employees):				
а	Management	938	938		
b	Legal	565	565	<del></del>	<b>_</b>
C	Accounting	3,525	3,525		
d	Lobbying	0			<del> </del>
е	Professional fundraising services. See Part IV, line 17	. 0			
f	Investment management fees	. 0			
g	Other	440	440		
12	Advertising and promotion	2,230	2,230		
13	Office expenses	5,798	5,798		
14	Information technology	0	· <del></del> -	<u> </u>	ļ
15	Royalties	0			ļ
16	Occupancy	87,059	87,059		
17	Travel	3,771	3,771		<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0		ļ	
19	Conferences, conventions, and meetings	0			
20	Interest	4,155	4,155		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	119,263	119,263		<u> </u>
23	Insurance	60,765	60,765		
24	Other expenses. Itemize expenses not		and the second		
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				<u> </u>
a	DRUG SCREENING	675	675		
b	EDUCATIONAL EQUIPMENT	0			<del> </del>
C	CONTINUING EDUCATION	50	50	<del></del>	<u> </u>
d	DUES	5,703	5,703		ļ
9		4,196	4,196		<del> </del>
f		124,094	124,094		
25	Total functional expenses. Add lines 1 through 24f	1,518,054	1,518,054		0
26	Joint costs. Check here ▶ if following				
	SOP 98-2. Complete this line only if the organization			1	
	reported in column (B) joint costs from a combined			1	1
	educational campaign and fundraising	}		}	
,	solicitation		<del></del>	L	<u> </u>
			·		Form 990 (2009)

1	
2 Savings and temporary cash investments	(B) End of year
3 Pledges and grants receivable, net	69,611
4 Accounts receivable, net	408,884
Freeing the strong current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.  7 Notes and loans receivable, net	0
employees, and highest compensated employees. Complete Part II of Schedule L	19,061
Schedule L.  Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.  7 Notes and loans receivable, net.  9 Prepaid expenses and deferred charges.  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  b Less: accumulated depreciation.  10b 1,301,804  813,410  10c  11 Investments—publicly traded securities.  12 Investments—other securities. See Part IV, line 11.  13 Investments—other securities. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 34).  17 Accounts payable and accrued expenses.  18 Grants payable.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  23 Secured mortgages and notes payable to unrelated third parties.  0 22  24 Unsecured notes and loans payable to unrelated third parties.  0 24  25 Other liabilities. Complete Part X of Schedule D  27 Total liabilities. Complete Part X of Schedule D  28 Other liabilities. Complete Part X of Schedule D  29 Total liabilities. Complete Part X of Schedule D  20 Total liabilities. Complete Part X of Schedule D  21 Total liabilities. Complete Part X of Schedule D  22 Total liabilities. Complete Part X of Schedule D  23 Secured mortgages and notes payable to unrelated third parties.  0 24 Other liabilities. Complete Part X of Schedule D  27 Total liabilities. Complete Part X of Schedule D  28 Total liabilities. Complete Part X of Schedule D  29 Other liabilities. Complete Part X of Schedule D  20 Other liabilities. Complete Part X of Schedule D  21 Other liabilities. Complete Part X of Schedule D  22 Other liabilities. Complete Part X of Schedule D  23 Other liabilities.	
Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	
4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	
7 Notes and loans receivable, net	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b 1,301,804 813,410 10c 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 0 12 Investments—program-related. See Part IV, line 11 0 13 Intangible assets 15 Other assets. See Part IV, line 11 15 Intangible assets 15 Other assets. See Part IV, line 11 16 Intangible assets 16 Intangible assets 17 Intangible assets 18 Intangible assets 19 Intangible	<del></del>
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	6,055
other basis. Complete Part VI of Schedule D b Less: accumulated depreciation.  11 Investments—publicly traded securities.  12 Investments—other securities. See Part IV, line 11.  13 Investments—program-related. See Part IV, line 11.  14 Intangible assets.  15 Other assets. See Part IV, line 11.  16 Total assets. Add lines 1 through 15 (must equal line 34).  17 Accounts payable and accrued expenses.  18 Grants payable.  19 Deferred revenue.  20 Tax-exempt bond liabilities.  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.  23 Secured mortgages and notes payable to unrelated third parties.  24 Unsecured notes and loans payable to unrelated third parties.  25 Other liabilities. Complete Part X of Schedule D.  26 Total liabilities. Add lines 17 through 25.  27 Organizations that follow SFAS 117. check here  X and	the sufficiency of the second
b Less: accumulated depreciation . 10b .1,301,804 813,410 10c  11 Investments—publicly traded securities . 0 11  12 Investments—other securities. See Part IV, line 11 . 0 12  13 Investments—program-related. See Part IV, line 11 . 0 13  14 Intangible assets . 0 14  15 Other assets. See Part IV, line 11 . 335 15  16 Total assets. Add lines 1 through 15 (must equal line 34) . 1,336,644 16  17 Accounts payable and accrued expenses . 183,542 17  18 Grants payable	
11 Investments—publicly traded securities	803,986
12 Investments—other securities. See Part IV, line 11	
Investments—program-related. See Part IV, line 11	<u>0</u> 0
14 Intangible assets.	0
15 Other assets. See Part IV, line 11	0
16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  110,287 19  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities. Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Organizations that follow SFAS 117, check here ► X and	335
17 Accounts payable and accrued expenses	1,307,932
18 Grants payable	185,986
Tax-exempt bond liabilities	100,000
20 Tax-exempt bond liabilities	54,325
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	
23 Secured mortgages and notes payable to unrelated third parties	<b>新一种人的一种</b>
23 Secured mortgages and notes payable to unrelated third parties	
23 Secured mortgages and notes payable to unrelated third parties	
24     Unsecured notes and loans payable to unrelated third parties	0
25 Other liabilities. Complete Part X of Schedule D	0
26 Total liabilities. Add lines 17 through 25	346,531
Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets	586,842
5       27       Unrestricted net assets       364,775       27         28       Temporarily restricted net assets       57,150       28         29       Permanently restricted net assets       240.750       29	
28 Temporarily restricted net assets	408,506
Permanently restricted net assets	62,584
	250,000
Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.	
30 Capital stock or trust principal, or current funds	
31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds . 32	
<b>33</b> Total net assets or fund balances	721,090
34 Total liabilities and net assets/fund balances	1,307,932

Part	XI Financial Statements and Reporting			
-			Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other			25
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1		
	Schedule O.	7.16		1473
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a_	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	ļ		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c_	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	2 1		
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:	2.12		T. Cart
	X Separate basis Consolidated basis Both consolidated and separate basis	1	}	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			i
	the Single Audit 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. See separate instructions.

BOW	LINC	GREEN SC	HOOL INC							72-08	85639		
Par	t I	Reason	for Public Ch	arity Status (All org	ganizatio	ns must	complete	this par	t.) See ir				
The c	rgar	nization is not	a private founda	ation because it is: (Fo	or lines 1	hrough 1	1, check (	only one b	oox.)				
1		A church, co	nvention of chur	ches, or association of	of churche	s describ	ed in sec	tion 170(	b)(1)(A)(i	).			
2	X	A school des	cribed in sectio	n 170(b)(1)(A)(li). (At	tach Sche	edule E.)							
3		A hospital or	a cooperative h	ospital service organia	zation des	scribed in	section	170(b)(1)	(A)(iii).				
4			search organiza me, city, and sta	ition operated in conju	ınction wit	h a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		An organizat	ion operated for	the benefit of a colleg	ge or univ	ersity owr	ned or ope	erated by	a governi	mental ur	nit descr	ibed	
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7		An organizat	ion that normall	y receives a substanti (1)(A)(vi). (Complete i	al part of					or from th	e genera	al publi	c
8		A community	trust described	in section 170(b)(1)	( <b>A</b> )(vi). (C	omplete f	Part II.)						
9		An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. S	ee sectio	n 509(a)(	4).			
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
		a Type		Type II c		e III–Fund				`	ype III-	-Other	
e	$\Box$			y that the organization			•	•	by one or				
•				on managers and other									on
			section 509(a)(2					• •					
f		If the organia	zation received a	a written determination	n from the	IRS that	it is a Typ	e I, Type	II, or Typ	e III supp	orting		
		organization	, check this box										
g		Since Augus following per		the organization acce	pted any	gift or cor	tribution '	from any	of the				
		• • •	•	or indirectly controls,		_		•				Yes	No
				verning body of the su							11g(i)		
			•	person described in (i	•						11g(ii)		
h				y of a person describe ation about the support	• • •						11g(iii)	<u> </u>	
				(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the o		(v) Did y the organ col (i)	you notify nization in of your port?	organiza (i) organi	is the tion in col zed in the S ?		Amount support	of
					Yes	No	Yes	No	Yes	No			
			<del> </del>		<del> </del>	<del> </del>	<b> </b> -	<del> </del>	<del> </del>	ļ	<del> </del>		0
			<u> </u>								<del> </del>	<del></del>	0
									ļ			<del></del>	0
													0
													0
Tota	.1		HULL		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	17. 4.2	7	17 E 375					

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A., Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . 0 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . . . . . . . . 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . . . . 0 Total. Add lines 1 through 3 . . . . . 0 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 . . . . . . . 0 0 0 ol 7 0 0 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 0 Net income from unrelated business activities, whether or not the business is 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . Total support. Add lines 7 through 10 11 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . . 0.00% 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% 17a or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . 18

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the	<u>ne box on line</u>	9 of Part I.)				
	ion A. Public Support		<del></del>		<del></del>	<del> </del>	
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	0	0				0
2	Gross receipts from admissions, merchandise	i					
	sold or services performed, or facilities furnished				·		
	in any activity that is related to the						_
3	organization's tax-exempt purpose		0				0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						o
4	Tax revenues levied for the organization's						ļ
•	benefit and either paid to or expended on					-	
	its behalf	o	ol				l o
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	0	0				0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3						١ .
	received from disqualified persons						0
ь	Amounts included on lines 2 and 3 received	Ì			j		1
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year					ļ	<u> </u>
С 8	Add lines 7a and 7b	U 2004	U	U	()	0	<u> </u>
0	line 6.)			COLUMN TO SERVICE			
Sec	tion B. Total Support	TENSO AND ASSESSED	Market Market Market				i
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6	0	0	0	0	<u></u>	<u>"</u>
ıva	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						l c
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						ļ <u>c</u>
C	Add lines 10a and 10b	0	0	0	0	<u> </u>	<u> </u>
11	Net income from unrelated business				ļ.	1	
	activities not included in line 10b, whether or not the business is regularly						
	carried on				1	}	
12	Other income. Do not include gain or			<del>                                     </del>	<del> </del>	<u> </u>	<u> </u>
	loss from the sale of capital assets			1			
	(Explain in Part IV.)	0	0				
13	Total support. (Add lines 9, 10c, 11,					ļ	
	and 12.)	0	0				
14	First five years. If the Form 990 is for the or				•		
	organization, check this box and stop here .						<b>▶</b> _
	tion C. Computation of Public Support			<del></del>		<del></del>	
15	Public support percentage for 2009 (line 8, c	• •	•			15	0.00%
16	Public support percentage from 2008 Sched			<u></u>	· · · · · ·	16	0.00%
	tion D. Computation of Investment Inc			40 1	(0)	T 4= T	
17	Investment income percentage for 2009 (line					17	0.00%
18	Investment income percentage from 2008 So 33 1/3% support tests-2009. If the organiza					18 han 33 1/3% s	0.00%
19a	not more than 33 1/3%, check this box and s						
b							▶ ∟
IJ	line 18 is not more than 33 1/3%, check this box a						
	Private foundation. If the organization did n		-		• • •	-	<u>.</u>
20							

Schedule A (Form	990 or 990-EZ) 2009	BOWLING G	REEN SCHOOL	INC	72-0685639 Page <b>4</b>
Part IV	Supplemental	Information.	Complete this	part to provide the explanation	ns required by Part II, line 10;
	Part II, line 17a	or 17b; and F	Part III, line 12.	Provide any other additional in	formation. See instructions.
•					
				•••••	
				••••	
				• • • • • • • • • • • • • • • • • • • •	
				•••••	
				•••••	
• • • • • • • • • • • • • • • • • • • •				•••••	
			•		
• • • • • • • • • • • • • • • • • • • •					
		<b></b>			
••••••					
•••••					
				******	•
				***************************************	
	******				

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

 OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOW	ING GREEN SCHOOL INC		72-0685639
Part	Organizations Maintaining Don	or Advised Funds or Other Similar I	Funds or Accounts. Complete if
	the organization answered "Yes" t	o Form 990, Part IV, line 6.	<u> </u>
		(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 o	lonor advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subje	ct to the organization's exclusive legal co	ntrol? Yes No
6	Did the organization inform all grantees, do	nors, and donor advisors in writing that gr	ant funds can be
	used only for charitable purposes and not for	or the benefit of the donor or donor adviso	or, or for any other
	purpose conferring impermissible private be	enefit?	Yes No
Part		plete if the organization answered "Ye	
1	Purpose(s) of conservation easements held		
•	Preservation of land for public use (e.g.		on of an historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation contrib	oution in the form of a conservation
	easement on the last day of the tax year.		Space 7
			Held at the End of the Tax Year
a	Total number of conservation easements .		
þ	Total acreage restricted by conservation ea		
C	Number of conservation easements on a co		
d	Number of conservation easements include		
3	Number of conservation easements modified	ed, transferred, released, extinguished, or	terminated by the organization
_	during the tax year		
4	Number of states where property subject to		
5	Does the organization have a written policy		·
_	violations, and enforcement of the conserva		Yes No
6	Staff and volunteer hours devoted to monito	oring, inspecting, and enforcing conservat	tion easements during the year
_	Amount of an area to a read to a subtrain	to a continue and a first and a second	and the second second
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation e	easements during the year
	Does and appropriate accompany to a series	d on line 2/d) above a state the convince	man of a saling
8	Does each conservation easement reporter	• • •	
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization		
7	<del>_</del>	·	•
	balance sheet, and include, if applicable, the organization's accounting for conservations		s financial statements that describes
Par	Organizations Maintaining Collect	ions of Art, Historical Treasures, or Oth	per Similar Assets
T at	Complete if the organization answers		iei Ollilliai Assets.
40	If the organization elected, as permitted un	<del></del>	statement and belongs about wells of
Id	art, historical treasures, or other similar ass		
	service, provide, in Part XIV, the text of the		
b	If the organization elected, as permitted un		
	historical treasures, or other similar assets		
	service, provide the following amounts rela		
	(i) Revenues included in Form 990, Part V	III, line 1	<b>&gt; \$</b>
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held works of	f art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported	under SFAS 116 relating to these items:	•
а	Revenues included in Form 990, Part VIII,	line 1	• \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

Schedule D (Form 990) 2009

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs Other b Scholarly research Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?... Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990. Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not Yes If "Yes," explain the arrangement in Part XIV and complete the following table: **Amount** C 1c 0 Additions during the year . . . . . . . . . . . . 1d 1e A f 0 Yes X 2a If "Yes." explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance . . . 医皮肤 医皮肤 语 Contributions . . . . . . . . . b Net investment earnings, gains, and losses . . . . . . . . . Grants or scholarships . . . . d Other expenditures for facilities Administrative expenses . . . End of year balance . . . . Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment Permanent endowment Term endowment Are there endowment funds not in the possession of the organization that are held and administered for the 3a organization by: Yes No 3a(I) (i) 3a(ii) **b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . Describe in Part XIV the intended uses of the organization's endowment funds. Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value (investment) basis (other) depreciation 0 184,370 Land . . . . . . . . . . . . . . 184,370 Buildings . . . . . . . . . . . . 0 b 1,251,360 817.582 433,778 c Leasehold improvements . . . . . ol O d Equipment....... Ol 670,060 484,222 185,838 Other. . . 0 0 Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . 803,986

Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
·(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
Financial derivatives	0		
Closely-held equity interests	0		
Other	0		
	0		
	0		
	0		
	0	<del></del>	
	0		
	0	<del> </del>	
	0		
	0	<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII Investments—Program Relate			
(a) Description of investment type	(b) Book value	(c) Method of value	ition
		Cost or end-of-year mai	ket value
·	0		
	0		·
	0		· · · · · · · · · · · · · · · · · · ·
	0		<del></del>
	0		
		<del></del>	
	0		
	0	<del></del>	· · · · · · · · · · · · · · · · · · ·
	0	<del></del>	<del></del>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX Other Assets. See Form 990, P	art X, line 15.		
(	a) Description		(b) Book value
			0
			0
	<del> </del>		0
			0
	<del></del>		0
			0
	<del></del>		0
			0
			0
Total. (Column (b) must equal Form 990, Part X,			0
Part X Other Liabilities. See Form 990	), Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes		_0	
NOTE PAYABLE-JERRY RAYBOURN	34,		
CERTIFICATES OF INDEBTEDNESS	236,	<del></del>	
NOTE PAYABLE-MAGEE FINANCE (LAND)	70,		
NOTE PAYABLE-LAWN TRACTOR	4,	849	
	<del> </del>	0	
		0	
		0	
		0	
		0	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	346		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	ule D (Form 990) 2009		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	I Stat	ements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,561,784
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,518,054
3 `	Excess or (deficit) for the year. Subtract line 2 from line 1	3	43,730
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	43,730
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	13
а	Net unrealized gains on investments	ŧ-	4
b	Donated services and use of facilities	. 37,	45
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)	$\neg$	
е	Add lines 2a through 2d		2e 0
3	Subtract line 2e from line 1	_	3 0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		X
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	.	
b	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b		4c 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 0
	Reconciliation of Expenses per Audited Financial Statements With Expense		<del></del>
1	Total expenses and losses per audited financial statements	_	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	7.2	
- а	Donated services and use of facilities	Ι.	
b	Prior year adjustments	1:	
c	Other losses	:*	
ď	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	3-	2e 0
3	Subtract line 2e from line 1	<u> </u>	3 0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	7 1
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
a h		<del> </del> ,.	
•	· · · · · · · · · · · · · · · · · · ·		
С 5	Add lines 4a and 4b		4c 0
	rt XIV Supplemental information	:—	5   0
Con	applete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d an part to provide any additional information.	d 4b.	Also complete
			••••••
			• • • • • • • • • • • • • • • • • • • •
	•••••••••••••••••••••••••••••••••••••••		
	•••••••••••••••••••••••••••••••••••••••		

# **BOWLING GREEN SCHOOL INC** 72-0685639 Schedule D (Form 990) 2009 Supplemental Information (continued) Part XIV

#### SCHEDULE E (Form 990 or 990-EZ)

**Schools** 

Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**BOWLING GREEN SCHOOL INC** 

	1/2 0000000		YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		TES	NO
•	by statement in its charter, by statement in its charter, by laws, other governing instrument, or in a resolution of its governing body?	1	x	
2			ŵ	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media		Ĥ	
•	during the period of solicitation for students, or during the registration period if it has no solicitation program,			
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please			
	describe. If "No," please explain. If you need more space, use Schedule O (Form 990)	3	Х	
	The school publicizes its racially nondiscriminiatory policy during registration.	7		
				i
	Done the completion metable the fellowing			
4	Does the organization maintain the following?		V	<u> </u>
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	L
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Schedule O			7
	(Form 990).			,
			'	*
_	Done the constitution of control of the control of			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		Х
þ	Admissions policies?	5b		Х
C	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	<u>5d</u>		Х
е	Educational policies?	5e		Х
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		Χ
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O			
	(Form 990).	5 30		
	•••••••••••••••••••••••••••••••••••••••			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990).	7		
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," explain on Schedule O			
	(Form 990)	17	X	

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions.

OMB No 1545-0047

Open To Public Inspection

BOW	LING GREEN SCHOOL INC					72-068	35639
Pai	Fundraising Activities. Co				red "Yes" to Forn	n 990, Part IV, line	e 17.
1	Indicate whether the organization rai				ng activities. Check	all that apply.	
a	Mail solicitations				of non-government	• • •	
b	Internet and email solicitations		=		of government grar	_	
	Phone solicitations		===		-	its	
C	<del>  </del>		g X S	peciai iuni	traising events		
d	In-person solicitations						
2a	Did the organization have a written or key employees listed in Form 990	, Part VII) or en	itity in con	nection wit	h professional fund	raising services?	Yes X No
b	If "Yes," list the ten highest paid indi to be compensated at least \$5,000 b			isers) purs	uant to agreements	under which the fo	undraiser is
	(I) Name of individual or entity (fundralser)	(II) Activity	custody o	draiser have or control of outlons?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
			<del>                                     </del>	ļl	0	0	0
_•			ļ		0	0	0
			<u> </u>		0	0	0
		· · · · · · · · · · · · · · · · · · ·	ļ		0	0	0
					0	0	0
				ļ <u>-</u>	0		0
					0	_0	0
			<u> </u>		0	0	0
					0	0	0
			<u> </u>		0	0	0
Tota	<u> </u>	<u> </u>	·		0	0	0
3	List all states in which the organizat registration or licensing.					·	
						• • • • • • • • • • • • • • • • • • • •	
			• • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	

Schedule G (Form 990 or 990-EZ) 2009

Pa	rt II		<ul><li>S. Complete if the organ</li><li>Son Form 990-EZ, line 6</li></ul>			
			(a) Event #1 FAIR BOOTH (event type)	(b) Event #2 VARIOUS RAFFLES (event type)	(c) Other events  NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 2	Gross receipts Less: Charitable	93,278	56,995	0	150,273
œ	3	contributions	93,278	0 56,995	0	
	5	Cash prizes	0	0		
es	6	Rent/facility costs	9,000			
xpens	7	·	34,051	0		
Direct Expenses	8	Entertainment	0	0	0	
Ω	9	Other direct expenses .	0	0	0	0
		Direct expense summary.				
Pa	rt II		if the organization answ			107,222 reported more
	_	than \$15,000 on Fo		(b) Pull tabs/instant	(a) Other serves	(d) Total coming (odd
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue		<u> </u>		0
es	2	Cash prizes	 			0
ect Expenses	3	Noncash prizes				0
	4	Rent/facility costs				0
	5	Other direct expenses .				0
	6	Volunteer labor	Yes%	Yes%	Yes%  No	
	7	Direct expense summary.	Add lines 2 through 5 in	column (d)		( 0)
	8	Net gaming income sumn	nary. Combine line 1, colu	umn d, and line 7	<u> </u>	
	a l	Enter the state(s) in which th s the organization licensed t f "No," explain:	o operate gaming activitie	es in each of these states		Yes No
10		Were any of the organizatior f "Yes," explain:	's gaming licenses revok	ed, suspended or termina	ated during the tax year?	10a
11	2	Does the organization opera s the organization a grantor, formed to administer charital	, beneficiary or trustee of	a trust or a member of a	partnership or other entity	

Page 3

13 Indicate the percentage of gaming activity operated in:		
	, II I	
a The organization's facility		
b An outside facility		
14 Enter the name and address of the person who prepares the organization's gaming/special events books		
and records:		
	Ē	
Name ▶	F - 1	
Address ▶		
15a Does the organization have a contract with a third party from whom the organization receives gaming		
and the second of the second o	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
amount of gaming revenue retained by the third party ►\$		
c If "Yes," enter name and address of the third party:		
Name ▶		455
	100	1.5
Address ▶		
16 Gaming manager information:	.3	
		3
Name ▶		
Gaming manager compensation ▶ \$ 0	25.	55/8
		125
Description of services provided		· in
	1.2	1
Director/officer Employee Independent contractor		L. R.
		1.3
A Roman Laboratoria di Anthonia di Antonia	7	
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	17a	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations		
or spent in the organization's own exempt activities during the tax year ▶ \$		1,72

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOWLING GREEN SCHOOL INC	72-0685639
Form 990 Part VI Section A Line 6 Members Purchase certificates from the school.	
Form 990 Part VI Section A Line 7A Board members are nominated by school members.	
Form 990 Part VI Section A Line 7B Decisions voted on by the board are subject ot the approv	al of
school members.	
Form 990 Part VI Section B Line 11a An outside CPA prepared the return which is reviewed by	the
School's Treasurer before filing.	
Form 990 Part VI Section C Line 19 All governing documents, policies and financial statements	s are
available upon request.	
Schedule E, Lines 6a and 6b Bowling Green School curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds an approved academic rational school curretly holds are school curretly holds an approved academic rational school curretly holds are school curretly holds and school curretly holds are school curretly holds an approved academic rational school curretly holds are school curretly holds and school curretly holds are school curretly holds are school curretly holds an approved academic rational school curretly holds are school curretly holds are school curretly holds an approved academic rational school curretly holds are school curretly holds an approved academic rational school curretly holds are school curretly holds.	ng from
the Louisiana State Department of Education, and is also in compliance with Brumfield-Dodd.	Having
these two approvals entitles our school to be eligible for a variety of yearly grants offered by the	e
State Department of Education.	
•••••••••••••••••••••••••••••••••••••••	

ART VIII, LINE 2F	Total:	92,066
1 MISCELLANEOUS	1	77
2 DETENTION FEES	2	650
3 COMPUTER FEES	3	29,663
4 WORK ASSESSMENT	4	30
5 FACILTY MAINTENANCE FEES	5	61,646

ART	IX, LINE 24 F	Total:	124,094
1	LIBRARY SUPPLIES	1	1,972
2	POSTAGE	2	1,770
3	RENT	3	712
4	RENT-MUSIC/DAYCARE BLDG	4	5,197
<b>5</b> ·	REPAIRS AND MAINTENANCE	5	36,550
6	SCHOOL SUPPLIES	6	1,030
7	TAXES AND LICENSE	7	
8	TELEPHONE	8	3,342
9	TESTING AND EVALUATION		2,471
10	WORKBOOKS		1,563
11	MISCELLANEOUS	11	7,964
12	ELEMENATARY SUPPLIES	12	1,205
13	CONTRACT LABOR	13	19,163
14	JANITORIAL EXPENSE		40,649
15	TRACTOR AND MOWER EXPENSE	15	506
16		16	
17		17	
18		18	
19		19	

# Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172
2009
Attachment

Department of the Treasury Internal Revenue Service (

► See separate instructions.

► Attach to your tax return.

Sequence No 67

Name(s) shown on return	Business or activity to which this form relates			Identifying number 72-0685639			
BOWLING GREEN SCHOOL INC		los Continu 476	<u> </u>		72-0085039		
Part I Election To Expense Certai	• •						
Note: If you have any listed property, of							252.222
1 Maximum amount. See the instructions fo	•					1	250,000
2 Total cost of section 179 property placed						47,792	
3 Threshold cost of section 179 property be						800,000	
4 Reduction in limitation. Subtract line 3 fro						4	0
5 Dollar limitation for tax year. Subtract line				iea iiing		I _ I	
	<del></del>			<del>· · · · · · · · · · · · · · · · · · · </del>	<del></del>	5	250,000
6 (a) Description of property		(b) Cost	(business use	only)	(c) Elected co	st	
7 Listed asserts Catacaba amount from li	20	<u></u>		<del></del>	<del></del>		
7 Listed property. Enter the amount from lin					<del></del>	<del>  </del>	
8 Total elected cost of section 179 property						8	0
<ul><li>9 Tentative deduction. Enter the smaller o</li><li>10 Carryover of disallowed deduction from lin</li></ul>							0
11 Business income limitation. Enter the small						$\rightarrow$	
12 Section 179 expense deduction. Add line						11	
13 Carryover of disallowed deduction to 201					<del></del>		0 P
Note: Do not use Part II or Part III below for I						U	
Part II Special Depreciation Allow				luda listad n	roporty) (Soci	inatri	iotions \
14 Special depreciation allowance for qualification					ioperty.) (See	TSuc	ictions.)
during the tax year (see instructions).						1	
15 Property subject to section 168(f)(1) elect						14 15	
						16	
Part III MACRS Depreciation (Do n	ot include listed	property \ (Sec	netruction	<u> </u>	<del> </del>	1 10	
MACKS Depreciation (DO II	ot include listed	Section A	e instruction	5.)			
		Section A					
17 MACPS deductions for assets placed in s	envice in tay year	s heginning hefo	ra 2000			17	109 190
17 MACRS deductions for assets placed in s						17	108,180
18 If you are electing to group any assets pla	aced in service du	ring the tax year	into one or n	nore		17	108,180
18 If you are electing to group any assets plageneral asset accounts, check here	aced in service du	ring the tax year	into one or n	nore 			108,180
18 If you are electing to group any assets pla	aced in service du	ring the tax year	into one or n ar Using the	nore 	▶ ☐		
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed	l in Service During (b) Month and	ng 2009 Tax Yea (c) Basis for	into one or not one or	nore 	reciation System	m	(g)
18 If you are electing to group any assets plageneral asset accounts, check here	In Service During (b) Month and year placed	ring the tax year	into one or n ar Using the	nore 	▶ ☐	m	
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property	l in Service During (b) Month and	ng 2009 Tax Yea (c) Basis for	into one or not one or	nore 	reciation System	m	(g)
18 If you are electing to group any assets plageneral asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property	In Service During (b) Month and year placed	ring the tax year ng 2009 Tax Yea (c) Basis for depreciation (business/investment)	into one or n ar Using the (d) Recovery period	nore	▶ ☐ reciation System (f) Method	m	(g) eciation deduction
18 If you are electing to group any assets plageneral asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property  b 5-year property	In Service During (b) Month and year placed	ring the tax year	into one or not one or	nore 	reciation System	m	(g)
18 If you are electing to group any assets plageneral asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property  b 5-year property  c 7-year property	In Service During (b) Month and year placed	ring the tax year ng 2009 Tax Yea (c) Basis for depreciation (business/investment)	into one or n ar Using the (d) Recovery period	nore	▶ ☐ reciation System (f) Method	m	(g) eciation deduction
18 If you are electing to group any assets plageneral asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property b 5-year property c 7-year property d 10-year property	In Service During (b) Month and year placed	ring the tax year ng 2009 Tax Yea (c) Basis for depreciation (business/investment)	into one or n ar Using the (d) Recovery period	nore	▶ ☐ reciation System (f) Method	m	(g) eciation deduction
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property	In Service During (b) Month and year placed	ring the tax year ng 2009 Tax Yea (c) Basis for depreciation (business/investment)	into one or n ar Using the (d) Recovery period	nore	▶ ☐ reciation System (f) Method	m	(g) eciation deduction
18 If you are electing to group any assets placed general asset accounts, check here	In Service During (b) Month and year placed	ring the tax year ng 2009 Tax Yea (c) Basis for depreciation (business/investment)	into one or n ar Using the (d) Recovery period	nore	reciation System (f) Method	m	(g) eciation deduction
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  g 25-year property	In Service During (b) Month and year placed	ring the tax year ng 2009 Tax Yea (c) Basis for depreciation (business/investment)	into one or n  in the control of the	General Dep (e) Convention	reciation System (f) Method 200DB	m	(g) eciation deduction
18 If you are electing to group any assets placed general asset accounts, check here	In Service During (b) Month and year placed	ring the tax year ng 2009 Tax Yea (c) Basis for depreciation (business/investment)	rinto one or n  r Using the (d) Recovery period  5  25 yrs 27.5 yrs.	General Dep (e) Convention HY	reciation System (f) Method  200DB	m	(g) eciation deduction
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	I in Service Durin (b) Month and year placed in service	ring the tax year  ng 2009 Tax Yea  (c) Basis for depreciation (business/investment)  47,792	tinto one or n  Trusing the (d) Recovery period  5  25 yrs 27.5 yrs. 27.5 yrs.	General Dep (e) Convention HY  MM MM	reciation System (f) Method  200DB  S/L S/L S/L	m	(g) eciation deduction 9,558
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental	In Service During (b) Month and year placed	ring the tax year ng 2009 Tax Yea (c) Basis for depreciation (business/investment)	tinto one or n  Trusing the (d) Recovery period  5  25 yrs 27.5 yrs. 27.5 yrs.	General Dep (e) Convention HY	reciation System (f) Method  200DB  S/L S/L S/L S/L S/L	m	(g) eciation deduction
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	I in Service Durin (b) Month and year placed in service  6/25/2009	ring the tax year  ng 2009 Tax Yea  (c) Basis for depreciation (business/investment)  47,792	25 yrs 27.5 yrs. 39 yrs.	MM MM MM MM MM	reciation System (f) Method  200DB  S/L S/L S/L S/L S/L S/L S/L	Depre	(g) eciation deduction 9,558
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real	I in Service Durin (b) Month and year placed in service  6/25/2009	ring the tax year  ng 2009 Tax Yea  (c) Basis for depreciation (business/investment)  47,792	25 yrs 27.5 yrs. 39 yrs.	MM MM MM MM MM	reciation System (f) Method  200DB  S/L S/L S/L S/L S/L S/L S/L	Depre	(g) eciation deduction 9,558
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  f 20-year property  h Residential rental property  i Nonresidential real property  Section C - Assets Placed in	I in Service Durin (b) Month and year placed in service  6/25/2009	ring the tax year  ng 2009 Tax Yea  (c) Basis for depreciation (business/investment)  47,792	25 yrs 27.5 yrs. 39 yrs.	MM MM MM MM MM	reciation System (f) Method  200DB  S/L S/L S/L S/L S/L S/L S/L	Depre	(g) eciation deduction 9,558
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property  b 5-year property  c 7-year property  d 10-year property  e 15-year property  f 20-year property  f 20-year property  h Residential rental property  i Nonresidential real property  Section C - Assets Placed in	I in Service Durin (b) Month and year placed in service  6/25/2009	ring the tax year  ng 2009 Tax Yea  (c) Basis for depreciation (business/investment)  47,792	25 yrs 27.5 yrs. 39 yrs.	MM MM MM MM MM	reciation System  (f)  Method  200DB  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	Depre	(g) eciation deduction 9,558
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property	l in Service Durin (b) Month and year placed in service  6/25/2009	ring the tax year  ng 2009 Tax Yea  (c) Basis for depreciation (business/investment)  47,792	ar Using the (d) Recovery period  5  25 yrs 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	reciation System  (f)  Method  200DB  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	Depre	(g) eciation deduction 9,558
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in 20 a Class life b 12-year	l in Service Durin (b) Month and year placed in service  6/25/2009	ring the tax year  ng 2009 Tax Yea  (c) Basis for depreciation (business/investment)  47,792	25 yrs 27.5 yrs. 39 yrs. Using the Al	MM MM MM MM MM MM MM MM MM MM MM MM MM	reciation System  (f)  Method  200DB  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	Depre	(g) eciation deduction 9,558
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18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in 20 a Class life b 12-year c 40-year  Part IV Summary (See instructions.	din Service During (b) Month and year placed in service  6/25/2009  Service During	ring the tax year  10 2009 Tax Year  10 (c) Basis for depreciation (business/investment)  11 47,792  12 62,049  2009 Tax Year	25 yrs 27.5 yrs. 39 yrs. Using the Al	MM MM MM MM MM MM MM MM MM MM MM MM MM	reciation System  (f)  Method  200DB  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	Depri	(g) eciation deduction 9,558
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  19 a 3-year property  b 5-year property  c 7-year property  d 10-year property  f 20-year property  f 20-year property  h Residential rental property  i Nonresidential real property  Section C - Assets Placed in 20 a Class life  b 12-year  c 40-year  Part IV Summary (See instructions. 21 Listed property.	lin Service Durin (b) Month and year placed in service  6/25/2009  Service During  28  4 through 17, lines	ring the tax year  10 2009 Tax Yea  11 (c) Basis for depreciation (business/investment)  12 47,792  13 2009 Tax Year  13 and 20 in co	25 yrs 27.5 yrs. 27.5 yrs. 29 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	reciation System (f) Method  200DB  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	Depri	(g) eciation deduction 9,558
18 If you are electing to group any assets placed general asset accounts, check here  Section B - Assets Placed  (a) Classification of property  b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets Placed in 20 a Class life b 12-year c 40-year Part IV Summary (See instructions. 21 Listed property. Enter amount from line 22 Total. Add amounts from line 12, lines 14	lin Service Durin (b) Month and year placed in service  6/25/2009  1 Service During 28 4 through 17, lines of your return Part	ring the tax year  ng 2009 Tax Yea  (c) Basis for depreciation (business/investment)  47,792  62,049  2009 Tax Year  19 and 20 in control of the ships and Single of the ships	25 yrs 27.5 yrs. 27.5 yrs. 27.5 yrs. 29 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	reciation System (f) Method  200DB  S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	Depre	(g) eciation deduction 9,558