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990-EZ

Short Form Return of Organization Exempt From Income Tax

2009

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public Inspection

OMB No 1545-1150

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service

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c Net incor		ses other than				6b		56,043		
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b Less: cos		=				7b				
		s) from sales							7c	
			Of illiveritory ((Subtract line	; 7 D 11 O 11 11 11 10	, raj .		٠.,	8	
8 Other rev			4 50 60 7	o and 9					9	61,707
9 Total rev	enue. Ac	ld lines 1, 2, 3 amounts paid	, 4, 50, 60, 70	c, and b .	F STAT	TE M	NT T		10	6,858
									11	0,000
		for members							12	
		npensation, a						•		300
		and other pay						•	13	300
	-						•			
					•					
								,		39,037
17 Total exp	enses.	Add lines 10 th	nrough 16 .	<u> </u>					•	46,195
18 Excess o	r (deficit)	for the year (S	Subtract line	17 from line 9	9)					15,512
19 Net asse	ts or fun	d balances at	beginning o	of year (from	line 27, colu	ımn (A))	(must agre	e with		
										58,705
21 Net asset	s or fund	balances at e	end of year. C	Combine lines	s 18 through	20		▶_		74,217
t II Baland	e Shee) are \$1,250	,000 or r				of Form 990-EZ.
		(See the ins	tructions for	Part II)			(A) B	eginning of	year	(B) End of year
Cash, saving	s. and in	vestments						5	8,705 22	74,217
_									23	
							_)		24	
								5	8,705 25	74,217
Total liabilit	es (desc	ribe ▶					_) [26	
	,	alances (line)	27 of column	(B) must agr	ree with line	21) .		5	8,705 27	74,217
Net assets of	or fund b	G1G11900 (Cat No	00401	F	orm 990-EZ (2009
Net assets of			t Notice. see					100421		
1: 1: 1: 1: 2: 2:	Frinting, I Other exp Total exp Excess of Net asserend-of-ye Other chat Net asset Balance Cash, saving Land and but Other assets Total assets Total liabiliti	5 Printing, publication 6 Other expenses (d) 7 Total expenses. A 8 Excess or (deficit) 9 Net assets or fundend-of-year figure 0 Other changes in in Net assets or fund 1 Balance Shee Cash, savings, and integrated and buildings. Other assets (described Total assets Total liabilities (described to the content of the co	Printing, publications, postage, Other expenses (describe ► 5 Total expenses. Add lines 10 th Excess or (deficit) for the year (\$ Net assets or fund balances at end-of-year figure reported on postage of the post of the year figure reported on po	Printing, publications, postage, and shipping Other expenses (describe ► SEE STATEME Total expenses. Add lines 10 through 16. Excess or (deficit) for the year (Subtract line Net assets or fund balances at beginning of end-of-year figure reported on prior year's re Other changes in net assets or fund balance Net assets or fund balances at end of year. (See the instructions for Cash, savings, and investments Land and buildings. Other assets (describe ► Total assets. Total liabilities (describe ► Net assets or fund balances (line 27 of column	Printing, publications, postage, and shipping	Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, coluend-of-year figure reported on prior year's return) Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through Balance Sheets. If Total assets on line 25, column (B) are \$1,250 (See the instructions for Part II) Cash, savings, and investments Land and buildings. Other assets (describe ▶ Total assets. Total liabilities (describe ▶ Net assets or fund balances (line 27 of column (B) must agree with line)	Printing, publications, postage, and shipping	Printing, publications, postage, and shipping	Printing, publications, postage, and shipping	Printing, publications, postage, and shipping

Form	990-EZ (2009)					Page ∠
Par	t III Statement of Program Service Accom	plishments (See the instru	uctions for Part III	.)		Expenses
Wha	it to the organization o primary exempt parpose.	YOUTH ATHLETICS				ired for section
Desc	cribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear an	d concise)(3) and 501(c)(4) izations and section
man	ner, describe the services provided, the number of	f persons benefited, and c	ther relevant infor	mation for		a)(1) trusts, optional
	n program title.	•				hers)
	THE ORGANIZATION PROVIDES SUPPORT FOR THE	BOWLING GREEN INDEPEN	NDENT			·
26		BOWEING OKCENTION	10211			
	SCHOOLS' ATHLETIC PROGRAMS.					
				·····	00-	4C 40E
	(Grants \$) If this amount	includes foreign grants, chi	eck here	. ▶ ⊔	28a	46,195
29						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	
30						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ □	30a	
31						
٠,	, ,	includes foreign grants, che		▶ □	31a	
20	Total program service expenses (add lines 28a t				32	46,195
	t IV List of Officers, Directors, Trustees, and Key					
Feli	List of Officers, Directors, Trustees, and Rey	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit deferred compe	plans &	account and other allowances
		devoted to position	enter -0-)	deterred compe	nsation	other allowances
	ONDA GIBBS	PRESIDENT 5 HR/WK			_	
	THREEWOOD CIRCLE, BOWLING GREEN KY 42103		0		0	0
	IATHAN SOWELL	VICE PRESIDENT 5 HR/WK				_
177	5 BRIAR CIRCLE, BOWLING GREEN KY 42103		0		0	0
HEII	DI FREEMAN	TREASURER 5 HR/WK				
161	RIDGEWOOD DRIVE, BOWLING GREEN KY 42103	TREASURER STITUTE	0		0	0
ELIZ	ABETH RIGGS	CECRETA DV EUDANIK				
1509	9 SINGLE TREE WAY, BOWLING GREEN KY 42103	SECRETARY 5HR/WK	0		0	0
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	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		V
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		_ ✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter		,	
а	Initiation fees and capital contributions included on line 9		,	
b	Gross receipts, included on line 9, for public use of club facilities	3.5		
0a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year undersection 4911 ▶0 ; section 4912 ▶0 ; section 4955 ▶0			, *; , a , a
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior			.i.,
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		`
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,		`,	
	4955, and 4958	٠,	ì,	1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	47	•	, -
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	., 40e	<u> </u>	
11	List the states with which a copy of this return is filed. ► KENTUCKY		-	
2a		270-77	9-098	1
	Located at ► 161 RIDGEWOOD DRIVE BOWLING GREEN KY ZIP + 4 ►	421	04	••••
b	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		Yes	No
	account)?	42b		√
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	``	•	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		~ √
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			V	No
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	

rait v	– 5	01(c)(3) organizati	organizations and sons and sons and section 494 ables for lines 50 ar	section 4947(a)(1) no 47(a)(1) nonexempt cl	nexempt ch naritable trus	sts must	answer questic	ns 46	5–49b	
							STATE	MEN		3
				t political campaign act Schedule C, Part I			n opposition to	46	Yes	No 🗸
		•		s? If "Yes," complete S				47		\
				on 170(b)(1)(A)(ıı)? If "Yes				48		\
		-		cempt non-charitable re				49a		
		•	rganization a section 5	•	_			49b		_ ` _
				ghest compensated em					es and	d kev
				000 of compensation fr						
				(b) Title and average	(c) Compo	ensation	(d) Contributions to	(e)	Expen:	se
	(a) Nam	e and address of each er than \$100,000		hours per week devoted to position			mployee benefit plans & deferred compensation		count a r allowa	
NONE			•				<u></u>			
		•••••••								
						-		-		
		•••••••								
-										
f '	i otal n	umber of other emp	oloyees paid over \$100),000 ▶						
				highest compensated in. If there is none, enter		contractor	s who each rec	eived	more	than
	(a	a) Name and address of e	ach independent contractor	paid more than \$100,000		(b) Type	of service	(c) Co	mpensa	ation
NONE										
			.,,,.,							
d	Total n	umber of other inde	pendent contractors	each receiving over \$10	0,000 ▶	•				
	U	nder penalties of perjury, nd belief, it is true, correc	I declare that I have examin t, and complete Declaration	ed this return, including accon of preparer (other than officer	npanying schedule) is based on all in	es and state nformation o	ments, and to the be f which preparer has	st of my any kno	/ knowle owledge	edge e
Sign Here		Deide	Julman)			1415/10			
		Signature of officer				Da	ite* *			
		HEIDI FREEMAN			TRE	ASURER				
	-	Type or print name an	d title	······································			5	· · · ·		
Paid	SI	reparer's gnature	nec. R. a	ucry CPA // ·	Check self- employ		Preparer's identifying nur P0017	-	e instruc	tions)
Prepare	1 1	rm's name (or	AVERY & SMALLWOO	DD CPA'S		EIN		-1181	659	
Use Onl		ours if self-employed), ddress, and ZIP + 4		ET, BOWLING GREEN K	Y 42101			0-781-		
May the				n above? See instructio						
,			jy						0-EZ	

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.

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

OMB No 1545-0047 Open to Public Inspection >

Department of the Treasury Name of the organization

Internal Revenue Service 61 1206996 **BOWLING GREEN QUARTERBACK CLUB, INC** Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % 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 331/3 % 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.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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 d ☐ Type III-Other a 🗹 Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(n (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . |11g(iii) Provide the following information about the supported organization(s) (vi) Is the (vii) Amount of (ii) E!N (III) Type of organization (iv) is the organization (i) Name of supported (v) Did you notify in col. (i) listed in your organization in col support organization (described on lines 1-9) the organization in above or IRC section col (i) of your (i) organized in the governing document? support? (see instructions)) Yes Yes No Yes

Total

Pa	Support Schedule for Org (Complete only if you ched					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			**			
5	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)	1	* ************************************		4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	(%) A/	
6_	Public support. Subtract line 5 from line 4.	1 12 2 11 1	Profession .	All Alerita Gal	12. 12. 12. 14. 14. 15. 18		
	tion B. Total Support	(a) 0005	(h) 0000	(a) 0007	(4) 0000	(-) 0000	(A Total
	llendar year (or fiscal year beginning ın) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						-
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
1	Total support. Add lines 7 through 10 .	(秦) 八、(秦)					<u> </u>
2	Gross receipts from related activities, etc	. (see instructio	ons)			12	
3	First five years. If the Form 990 is for organization, check this box and stop he	ere		nd, third, fourth	, or fifth tax y	ear as a section	on 501(c)(3)
	tion C. Computation of Public Su						
4	Public support percentage for 2009 (line		-	1, column (f))		14	%
5	Public support percentage from 2008 Sc					15	%
6a	331/3 % support test - 2009. If the organ						
	and stop here. The organization qualifies	s as a publicly s	supported orgai	nization			▶ ∟
b	33% % support test—2008. If the organ box and stop here. The organization qua				and line 15 is:	33% % or more, 	check this
7a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "organization meets the "facts-and-circumst	facts-and-circum	istances" test, o	check this box a	and stop here.	Explain in Part	
R	Private foundation If the organization de			•		•	tructions >

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

_	(Complete only if you check	ed the box o	II IIIIE 9 OI F	art 1./			
	ction A. Public Support		,				,
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")		1				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .		1				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						t
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for torganization, check this box and stop	here .		nd, third, fourth	n, or fifth tax y	rear as a secti	on 501(c)(3) ► □
	tion C. Computation of Public Sup					· · · · · · · · · · · · · · · · · · ·	
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	ne 13, column ((f))	15 16	<u>%</u>
Sec	tion D. Computation of Investmen	it Income Pe	ercentage				
17	Investment income percentage for 2009	9 (line 10c, col	umn (f) divide	d by line 13, co	olumn (f)) .	17	%
18	Investment income percentage from 20	008 Schedule A	A, Part III, line	17 .		18	%
19a	$33\frac{1}{3}$ % support tests -2009 . If the orga 17 is not more than $33\frac{1}{3}$ %, check this be	anization did no ox and stop h e	ot check the bere. The organi	ox on line 14, a zation qualifies	ind line 15 is nate as a publicly s	nore than 331/3 supported orga	%, and line anization ▶ □
b	33½ % support tests – 2008. If the organine 18 is not more than 33½ %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20	Private foundation. If the organization					_	

	orm 990 or 990-E	EZ) 2009												Page 4
Part IV	Suppleme Part II, line	ntal In 17a o	formati r 17b; a	on. Co ind Pa	omplete rt III, lin	this e 12.	part to Provide	provide any ot	the e	xplanati dditional	ons req	uired b ation. S	y Part II ee instru	, line 10, ictions.
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

2009

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

Open To Public

OMB No 1545-0047

Name of the organization Employer identification number **BOWLING GREEN QUARTERBACK CLUB, INC** 1206996 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e L Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants g 🗹 Special fundraising events Phone solicitations d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Lyse V No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name of individual (II) Activity (iii) Did fundraiser have (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) custody or control of contributions? from activity (or retained by) fundraiser listed in (or retained by) organization col (i) Yes Nο Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	irt II	Fundraising Events. Comore than \$15,000 on F	omplete if the organiza Form 990-EZ, line 6a. L	tion answered "Yes" to ist events with gross r	o Form 990, Part IV, III eceipts greater than \$	ne 18, or reported 5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BOWL GAVE REV	GOLF TOURNAME	2	(add col (a) through col (c))
			(event type)	(event type)	(total number)	COI (C))
Revenue	1	Gross receipts	33,696	39,632	32,291	105,619
ď	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	33,696	39,632	32,291	105,619
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs		5,064		5,064
Direct Expenses	7	Food and beverages			,	
Direct	8	Entertainment		~		
	9	Other direct expenses	16,420	276	34,283	50,979
	10 11	Direct expense summary. Ad Net income summary. Comb	ld lines 4 through 9 in co pine line 3, column (d), a	olumn (d) nd line 10	▶	(56,043) 49,576
Pa	irt II		the organization ansv	vered "Yes" to Form	990, Part IV, line 19,	or reported more
		than \$15,000 on Form	990-EZ, line 6a.		,	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs .				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		()
	8	Net gaming income summar	y. Combine line 1, colur	nn d, and line 7	►	
9		ter the state(s) in which the c		9	NE	Yes No
a b		the organization licensed to o 'No," explain:	operate gaming activitie	s in each of these state	es?	9a N// /
10a b		ere any of the organization's ('Yes," explain	gaming licenses revoke	d, suspended or termin	ated during the tax yea	ar? 10a N//F
11		es the organization operate o				11 V
12		the organization a grantor, be med to administer charitable		a trust or a member of		entity 12

Sche	dule G (Form 990 or 990-EZ) 2009		F	age 🤅
			Yes	No
13	Indicate the percentage of gaming activity operated in:	,		
а	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:			
	Name ▶	-	·	
	Address ▶	-	· .	
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
,,,,	revenue?	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 ▶ \$,	٠,	
С	If "Yes," enter name and address of the third party:	, ; , ,	* , *	, ,
	Name ▶	c	,	3.
		, ,		Li.
	Address ▶	5.	ž.,.	1,4,1,5
16	Gaming manager information	\\ ; * \(\)	٠٠, ٫٠	- 4
		1	1. ".	, ,
	Name ▶	-	* () * **	()
		, -	1,85 °	, 12°
	Gaming manager compensation ▶ \$	- 7	435 A.X	1 1 1
	Description of services provided ▶	- (- - 25	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	☐ Director/officer ☐ Employee ☐ Independent contractor	4 3		

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

Mandatory distributions:

Schedule G (Form 990 or 990-EZ) 2009

17a

FEDERAL STATEMENTS

BOWLING GREEN QUARTERBACK CLUB, INC.

61-1206996

STATEMENT 1 FORM 990-EZ, PART 1, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY DONEE'S NAME

RELATIONSHIP TO DONEE CASH AMOUNT GIVEN

SCHOLARSHIP FUND MONIE BEARD SCHOLARSHIP FUND 1801 ROCKINGHAM AVENUE BOWLING GREEN, KY 42104 NONE

\$ 6,858

FEDERAL STATEMENTS

BOWLING GREEN QUARTERBACK CLUB, INC.

61-1206996

STATEMENT 2 FORM 990-EZ, PART 1, LINE 16 OTHER EXPENSES

FILING FEES	\$ 4
POSTAGE	220
OFFICE SUPPLIES	441
FOOTBALL EXPENSES	 38,372
TOTAL	 39,037

FEDERAL STATEMENTS

BOWLING GREEN QUARTERBACK CLUB, INC.

61-1206996

STATEMENT 3
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACT

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO