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Short Form

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)

2009

OMB No 1545-1150

DLN: 93492292002030

Department of the Treasury Internal Revenue Service

Form 990-EZ

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2009 calendar year, or tax year beginning 07-01-2009 , and ending 06-30-2010 Check if applicable C Name of organization D Employer identification number Please BOWLING GREEN NOON ROTARY CLUB Address change use IRS 61-6054790 INC Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or Initial return type. (270) 782-0700 Terminated See Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-BOWLING GREEN, KY 42102 Application pending tions. G Accounting method Cash Accrual Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) 🟲 must attach a completed Schedule A (Form 990 or 990-EZ). Check F / If the organization I Website:► NA is **not** required to attach **J Tax-Exempt status** (check only one)— 501(c) (4) ◄(Insert no ) 4947(a)(1) or 527 Schedule B (Form 990, 990-EZ, or 990-PF) K Check ▶ fifthe organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **►** \$ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I ) Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments 3 114.226 3 25 Gross amount from sale of assets other than inventory Revenue Less cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🕨 🔽 Gross revenue (not including \$ of contributions Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) Gross sales of inventory, less returns and allowances 7a 7a Less cost of goods sold . . . . . . . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe 8 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 114.251 9 9 Grants and sımılar amounts paıd (attach schedule) 🕏 34.955 10 10 Benefits paid to or for members . . 11 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 3.000 13 13 Expenses Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 2,449 15 56,154 16 Other expenses (describe 16 Total expenses. Add lines 10 through 16 96,558 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 17,693 18 18 NetAssets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 17,061 Other changes in net assets or fund balances (attach explanation) 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 34,754 21 Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II ) (A) Beginning of year (B) End of vear 22 Cash, savings, and investments 17,061 22 34,754 23 Land and buildings 23 24 Other assets (describe 🟲\_ 24 25 Total assets 17,061 25 34,754 Total liabilities (describe 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 34,754 17,061 27

Part III Statement of Program Service Accomplishments (See the instructions for Part III )					Expenses	
What is the organization's primary exempt purpose? THE MISSION OF THE BOWLING GREEN ROTARY CLUB IS TO PROVIDE SERVICE TO OTHERS, TO PROMOTE HIGH ETHICAL STANDARDS, AND TO ADVANCE WORLD UNDERSTANDING, GOODWILL, AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS, PROFESSIONAL, AND COMMUNITY LEADERS					(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts,	
Describe what was achieved in carrying out describe the services provided, the number program title	opti	onal for others)				
28 SUPPORTS THE OBJECTIVES AND ID POSITION OF PREEMINENCE AMONG SECENTRAL KENTUCKY COMMUNITY THIS	ERVICE ORGANIZATION	S IN THE BOWLING G	REEN/SOUTH			
(Grants \$ ) If this	s amount includes foreign o	grants, check here .	▶┌	28a	85,588	
29 FUND ADOPT-A-CLASS SCHOLARSHI (Grants \$ 10,970) If this	PS s amount includes foreign (	grants, check here .	▶┌	29a	10,970	
30						
(Grants \$ ) If this	s amount includes foreign ç	grants, check here .	▶┌	30a		
<b>31</b> O ther program services (attach schedul (Grants \$ ) If this	e) s amount includes foreign g	rants, check here	 <b>▶</b> ┌	31a		
32 Total program service expenses (add line			▶	32	96,558	
Part IV List of Officers, Directors, Trus		I	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	ans &	(e) Expense account and other allowances	

Part V Other Information (Note the statement requirements in the instructions for Part V.)				
33				
	description of each activity	33		N o
34	4 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			N o
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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		Νο
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		Νο
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
ь	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
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			
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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 Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь		Νο
c	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			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
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		No
41	List the states with which a copy of this return is filed 🕨 KY			
42a	The organization's books are in care of Page ORGANIZATION Telephone no	<u>(27</u>	0)782	-0700
	PO BOX 31  Located at  BOWLING GREEN, KY  ZIP + 4	► <u>42</u>	2102	
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		Νο
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041—</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>▶</b> □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		- <del></del>	
	Form 990-EZ.			Νο
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? I "Yes", Form 990 must be completed instead of Form 990-EZ.			No

Par	t VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and section	4947(a)(1) nonexen					stions
46	Did the	e organization engage in direct	or indirect political cam	paign activities on beha	alf of or in opp	osition to		Yes	No
	candıd	ates for public office? If "Yes,"	complete Schedule C, F	Part I			46		
47	Did the	e organization engage in lobbyii	ng activities? If "Yes," (	complete Schedule C, P	art II		47		
48	Is the	organization a school describe	d ın section 170(b)(1)(/	۱)(۱۱)، If "Yes," complete	Schedule E		48		
49a Did the organization make any transfers to an exempt non-charitable related organization?						49a			
<b>b</b> If "Yes," was the related organization a section 527 organization?					49b				
	•	ete this table for the organization (sees) who each received more t							
	Vame a	and address of each employee I more than \$100,000	(b) Title and average hours per week devoted to position		(d) Con employee	tributions to benefit plans & compensation	( <b>€</b>	e) Expe count a r allowa	and
51	Compl	I number of other employees pa ete this table for the organization pensation from the organization	on's five highest compe			• • • • • • • • • • • • • • • •	►nore th	an \$10	0,000
	(4) 114	me and address of each indepe	dent contractor para in	ore than \$100,000	(2) 1 1 1 1	e of service		ompen	
51(d)		I number of other independent o		- ,					
Plea: Sign	se	Under penalties of perjury, I declare t and belief, it is true, correct, and com  ****** Signature of officer  WM KEVIN MAYS PRESIDENT Type or print name and title	hat I have examined this reti	urn, including accompanying		on of which prepare			
Plea: Sign Here	se	Under penalties of perjury, I declare to and belief, it is true, correct, and com  ******  Signature of officer  WM KEVIN MAYS PRESIDENT	that I have examined this retiplete Declaration of prepareing	urn, including accompanying r (other than officer) is based  Date C 2010-10-19	l on all information       2010-	on of which prepare	er has ar	ny knowle	
Plea: Sign Here	se	Under penalties of perjury, I declare to and belief, it is true, correct, and com  ******  Signature of officer  WM KEVIN MAYS PRESIDENT  Type or print name and title  Preparer's signature  JAMES C LONG  Firm's name (or yours HOLLAND Cuff self-employed),	that I have examined this retiplete Declaration of prepareing	urn, including accompanying r (other than officer) is based  Date C 2010-10-19	2010- Date	on of which prepare  10-15  Preparer's identify	er has ar ying nun	ny knowle	

#### **Additional Data**

Software ID: Software Version:

**EIN:** 61-6054790

Name: BOWLING GREEN NOON ROTARY CLUB

INC

## Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MAC JEFFERSON  PO BOX 31 BOWLING GREEN, KY 42102	PAST-PRESIDE 0	0		
WM KEVIN MAYS  PO BOX 31 BOWLING GREEN, KY 42102	PRESIDENT 0	0		
ALAN VILINES 📆 PO BOX 31 BOWLING GREEN, KY 42102	SECRETARY O	0		
CLIFF LONG  PO BOX 31 BOWLING GREEN, KY 42102	TREASURER O	0		
MIKE FUQUA 🕏 PO BOX 31 BOWLING GREEN, KY 42102	SGT-AT-ARMS 0	0		
RON WILSON  PO BOX 31 BOWLING GREEN, KY 42102	DIRECTOR 0	0		
SALLY RAY  PO BOX 31 BOWLING GREEN, KY 42102	DIRECTOR 0	0		
JIM ALLEN 🕏 PO BOX 31 BOWLING GREEN, KY 42102	DIRECTOR 0	0		
CHERYL KIRBY-STOKES <b>2</b> PO BOX 31 BOWLING GREEN, KY 42102	DIRECTOR 0	0		

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# **TY 2009 Compensation Explanation**

Name: BOWLING GREEN NOON ROTARY CLUB

INC

**EIN:** 61-6054790

Person Name	Explanation
MAC JEFFERSON	
WM KEVIN MAYS	
ALAN VILINES	
CLIFF LONG	
MIKE FUQUA	
RON WILSON	
SALLY RAY	
JIM ALLEN	
CHERYL KIRBYSTOKES	

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#### TY 2009 Grants and Similar Amounts Paid Schedule

Name: BOWLING GREEN NOON ROTARY CLUB

INC

**EIN:** 61-6054790

Item No.	1
Class of Activity	
Donee's Name	COLLEGE HEIGHTS FOUNDATION
Donee's Address	WESTERN KY UNIVERSITY BOWLING GREEN, KY 42101
Amount (FMV)	
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	ROTARY FOUNDATION
Donee's Address	1560 SHERMAN AVENUE EVANSTON, IL 60201
Amount (FMV)	
Purpose of Payment to Affiliate	GENERAL PURPOSE
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	ROTARY INTERNATIONAL
Donee's Address	1560 SHERMAN AVENUE EVANSTON, IL 60201
Amount (FMV)	
Purpose of Payment to Affiliate	CLUB DUES
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	
Donee's Name	ROTARY FOUNDATION
Donee's Address	1560 SHERMAN AVENUE EVANSTON, IL 60201
Amount (FMV)	
Purpose of Payment to Affiliate	POLIO PLUS
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

## **TY 2009 Other Expenses Schedule**

Name: BOWLING GREEN NOON ROTARY CLUB

INC

**EIN:** 61-6054790

Description	Amount
EXPENSES	
POSTAGE	667
SUPPLIES	173
DUES	180
RECORDS MAINTEANCE	1,800
SPEAKERS GIFTS	525
CONFERENCES	292
TRAINING	315
MEALS	47,949
BOOK PRODUCTION	3,801
ANNUAL CHRISTMAS PARTY	243
MISCELLANEOUS	160
CLUB ACTIVITY	49