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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

**2010**

Open to Public Inspection

**A For the 2010 calendar year, or tax year beginning****and ending****B Check if applicable**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C Name of organization****GEORGE K. BOWLING COMMUNITY PARK, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 849**

Room/suite

City or town, state or country, and ZIP + 4

**EDMONTON, KY 42129****F Name and address of principal officer.****KIM SMITH****SAME AS C ABOVE****D Employer identification number****61-0945479****E Telephone number****(270) 432-7204****G Gross receipts \$ 3,040,094.****H(a) Is this a group return**

for affiliates?

☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☒ No

If "No," attach a list (see instructions)

**H(c) Group exemption number ▶****I Tax-exempt status** ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website: WWW.BOWLINGPARK.ORG****K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation: 1978 M State of legal domicile: KY****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities	<b>TO OWN, OPERATE, AND MAINTAIN A PARK FOR THE BENEFIT OF COMMUNITIES IN AND AROUND METCALFE COUNTY,</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>16</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,290.</b>	<b>11,274.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>236,847.</b>	<b>177,484.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>576.</b>	<b>2,412.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>359,921.</b>	<b>385,207.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>598,634.</b>	<b>576,377.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>34,609.</b>	<b>43,128.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>181,007.</b>	<b>193,902.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0.</b>	<b>0.</b>
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>485,484.</b>	<b>347,505.</b>
	<b>18</b> Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	<b>701,100.</b>	<b>584,535.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>&lt;102,466.&gt;</b>	<b>&lt;8,158.&gt;</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>Net Assets or Fund Balances</b>	<b>21</b> Total liabilities (Part X, line 26)	<b>1,537,153.</b>	<b>1,526,742.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>12,734.</b>	<b>10,481.</b>
		<b>1,524,419.</b>	<b>1,516,261.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ **Kim Smith** Signature of officer **5-16-2011** Date

▶ **KIM SMITH, PRESIDENT** Type or print name and title

**Paid** Print/Type preparer's name **SAMMIE PARSLEY, CPA** Preparer's signature **Sammie Parsley** Date **05/06/11** Check ☐ if self-employed PTIN

**Preparer Use Only** Firm's name ▶ **CAMPBELL, MYERS & RUTLEDGE CPAS** Firm's EIN ▶

Firm's address ▶ **410 SOUTH BROADWAY** Phone no. **(270) 651-2163**

**GLASGOW, KY 42141**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED JUN 20 2011

GHO 18

GEORGE K. BOWLING COMMUNITY  
PARK, INC.

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**Part III** Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission:

GEORGE K. BOWLING COMMUNITY PARK, INC. WAS INCORPORATED UNDER THE LAWS  
OF KENTUCKY AS A NOT-FOR-PROFIT CORPORATION ON OCTOBER 20, 1978 FOR  
THE CHARITABLE PURPOSE OF PROVIDING A RECREATIONAL OUTLET FOR  
APPROXIMATELY 14,700 CITIZENS IN AND AROUND METCALFE COUNTY, KENTUCKY,

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ X No

If "Yes," describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ X No

If "Yes," describe these changes on Schedule O.

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 349,959. including grants of \$ ) (Revenue \$ 141,496. )  
THE COMMUNITY CENTER IS A FACILITY AVAILABLE TO RESIDENTS OF METCALFE  
COUNTY AND CAN BE USED FOR A VARIETY OF EVENTS.

4b (Code: ) (Expenses \$ 68,596. including grants of \$ ) (Revenue \$ 39,213. )  
THE VILLAGE SHOP PROVIDES GOOD QUALITY NEW AND USED CLOTHING AND  
HOUSEHOLD ITEMS. THESE ITEMS ARE AVAILABLE FOR PURCHASE AT AN  
AFFORDABLE PRICE OR CAN BE PURCHASED THROUGH A WORK EXCHANGE PROGRAM.

4c (Code: ) (Expenses \$ 38,145. including grants of \$ ) (Revenue \$ 8,811. )  
THE FITNESS CENTER OFFERS A PLACE FOR RESIDENTS TO IMPROVE PHYSICAL  
FITNESS WITH EMPHASIS ON THE CARDIOVASCULAR SYSTEM. FITNESS CENTER  
FEES ARE CONTINGENT UPON THE INCOME OF INDIVIDUALS INTERESTED, OR  
MEMBERS CAN PARTICIPATE IN A WORK EXCHANGE PROGRAM FOR USE OF THE  
CENTER.

- 4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ 78,975. )

4e Total program service expenses 456,700.

**GEORGE K. BOWLING COMMUNITY  
PARK, INC.**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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**GEORGE K. BOWLING COMMUNITY  
PARK, INC.**

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>X</b>	
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <b>X</b> No	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O

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**GEORGE K. BOWLING COMMUNITY  
PARK, INC.**

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
<b>2a</b> 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 16		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<b>4a</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 account)?	4a		X
<b>b</b> If "Yes," enter the name of the foreign country. <span style="float:right">▶</span> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	11a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
<b>c</b> Enter the amount of reserves on hand	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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**GEORGE K. BOWLING COMMUNITY**

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**PARK, INC.**

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

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

☒ **X**

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	<b>10</b>
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	<b>7</b>
<b>2</b> 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?	<b>2</b>	<b>X</b>
<b>3</b> 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?	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<b>X</b>
<b>6</b> Does the organization have members or stockholders?	<b>6</b>	<b>X</b>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<b>7a</b>	<b>X</b>
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>	<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<b>10b</b>	
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>12c</b>	
<b>13</b> Does the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>
<b>14</b> Does the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<b>X</b>
<b>b</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?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 **KAREN SIMONE - (270) 432-3897**  
**673 CHASTEEN SIMONE ROAD, EDMONTON, KY 42129**

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

2010.03050 GEORGE K. BOWLING COMMUNITY 74991 1



**GEORGE K. BOWLING COMMUNITY  
PARK, INC.**

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>								<b>83,325.</b>	<b>0.</b>	<b>0.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>								<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>d Total (add lines 1b and 1c)</b>								<b>83,325.</b>	<b>0.</b>	<b>0.</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

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**GEORGE K. BOWLING COMMUNITY  
PARK, INC.**

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**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,274.				
	g Noncash contributions included in lines 1a-1f \$						
	h <b>Total.</b> Add lines 1a-1f			11,274.			
<b>Program Service Revenue</b>	2 a <b>COMMUNITY CENTER</b>	Business Code	713940	129,460.	129,460.		
	b <b>VILLAGE SHOP</b>		713940	39,213.	39,213.		
	c <b>FITNESS CENTER</b>		713940	8,811.	8,811.		
	d						
	e						
	f All other program service revenue						
	g <b>Total.</b> Add lines 2a-2f			177,484.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			462.	462.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less. cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			1,950.	1,950.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a	2760325.				
	b Less: direct expenses	b	2463717.				
	c Net income or (loss) from gaming activities			296,608.	296,608.		
10 a Gross sales of inventory, less returns and allowances	a	87,375.					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			87,375.	87,375.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
11 a <b>MISCELLANEOUS REVENUE</b>		900099	1,224.	1,224.			
b							
c							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d			1,224.				
12 <b>Total revenue.</b> See instructions.			576,377.	565,103.	0.	0.	

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**Part IX Statement of Functional Expenses**

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns.*

*All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).*

Do not include amounts reported on lines 6b, 7b, 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	41,628.	41,628.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,500.	1,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	72,904.	18,249.	54,655.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	92,515.	92,515.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	16,902.	8,451.	8,451.	
10 Payroll taxes	11,581.	10,651.	930.	
11 Fees for services (non-employees):				
a Management				
b Legal	7,822.		7,822.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	6,328.	6,328.		
13 Office expenses	3,314.		3,314.	
14 Information technology				
15 Royalties				
16 Occupancy	83,018.	77,050.	5,968.	
17 Travel	9,305.	9,305.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,961.	49,474.	25,487.	
23 Insurance	11,414.	11,414.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>SUPPLIES</b>	102,792.	102,792.		
b <b>REPAIRS AND MAINTENANCE</b>	37,075.	17,905.	19,170.	
c <b>SALES TAX EXPENSE</b>	9,438.	9,438.		
d <b>MISCELLANEOUS FEES</b>	2,038.		2,038.	
e				
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	584,535.	456,700.	127,835.	0.
<b>26 Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**GEORGE K. BOWLING COMMUNITY  
PARK, INC.**

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	87,411.	1	121,324.
	2 Savings and temporary cash investments	24,330.	2	24,793.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	100.	7	450.
	8 Inventories for sale or use	12,381.	8	8,439.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,581,601.		
	b Less accumulated depreciation	10b 1,209,865.	1,412,931.	10c 1,371,736.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,537,153.	16	1,526,742.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	12,734.	17	10,481.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	12,734.	26	10,481.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	1,524,419.	32	1,516,261.
	33 Total net assets or fund balances	1,524,419.	33	1,516,261.
	34 Total liabilities and net assets/fund balances	1,537,153.	34	1,526,742.

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	576,377.
2	Total expenses (must equal Part IX, column (A), line 25)	2	584,535.
3	Revenue less expenses Subtract line 2 from line 1	3	<8,158.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,524,419.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,516,261.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in 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 separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2010)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> 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 <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,787.	1,620.	10,889.	1,290.	11,274.	35,860.
<b>2</b> 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	640,831.	721,631.	3377866.	3129374.	2940984.	10810686.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	651,618.	723,251.	3388755.	3130664.	2952258.	10846546.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support</b> (Subtract line 7c from line 6)						10846546.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	651,618.	723,251.	3388755.	3130664.	2952258.	10846546.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,989.	57,659.	57,475.	54,401.	87,837.	303,361.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	45,989.	57,659.	57,475.	54,401.	87,837.	303,361.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			723.	390.		1,113.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)	697,607.	780,910.	3446953.	3185455.	3040095.	11151020.

**14 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) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	97.27 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	16	97.16 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	2.72 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	18	2.82 %

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**Open to Public  
InspectionName of the organization **GEORGE K. BOWLING COMMUNITY  
PARK, INC.**Employer identification number  
**61-0945479****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**GEORGE K. BOWLING COMMUNITY**

Schedule D (Form 990) 2010

**PARK, INC.**

61-0945479 Page **2**

**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)

- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____               |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** 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? ☐ Yes ☐ No

**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 included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- c** Beginning balance  
**d** Additions during the year  
**e** Distributions during the year  
**f** Ending balance

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV

**Part V 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
**b** Permanent endowment ▶ \_\_\_\_\_ %  
**c** Term endowment ▶ \_\_\_\_\_ %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
(ii) related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		60,418.		60,418.
<b>b</b> Buildings		1,371,332.	206,074.	1,165,258.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		1,149,851.	1,003,791.	146,060.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,371,736.

Schedule D (Form 990) 2010

**GEORGE K. BOWLING COMMUNITY  
PARK, INC.**

Schedule D (Form 990) 2010

**61-0945479** 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 valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

**Total.** (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

**Total.** (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶

FIN 48 (ASC 740) 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 (ASC 740).

032053  
12-20-10

Schedule D (Form 990) 2010

**GEORGE K. BOWLING COMMUNITY**

Schedule D (Form 990) 2010

**PARK, INC.**

61-0945479 Page **4**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	576,377.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	584,535.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<8,158.>
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	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<8,158.>

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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Department of the Treasury  
Internal Revenue Service

**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

2010

### Open To Public Inspection

Name of the organization **GEORGE K. BOWLING COMMUNITY  
PARK, INC.**

Employer identification number  
61-0945479

## Part I

### Fundraising Activities.

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☐ Special fundraising events

- 2 a** 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?

☐ Yes☐ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
<b>Total</b>						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

[illegible]

**GEORGE K. BOWLING COMMUNITY**

Schedule G (Form 990 or 990-EZ) 2010 **PARK, INC.**

**61-0945479** Page **2**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts				
	<b>2</b> Less Charitable contributions				
	<b>3</b> Gross income (line 1 minus line 2)				
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d)				( )
	<b>11</b> Net income summary Combine line 3, column (d), and line 10				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue	2,760,325.			2,760,325.
Direct Expenses	<b>2</b> Cash prizes	2,171,642.			2,171,642.
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs	17,755.			17,755.
	<b>5</b> Other direct expenses	274,320.			274,320.
	<b>6</b> Volunteer labor	<input checked="" type="checkbox"/> Yes 75.00 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d)				( 2,463,717 )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7				296,608.

**9** Enter the state(s) in which the organization operates gaming activities: **KY**

**a** Is the organization licensed to operate gaming activities in each of these states?

☒ Yes ☐ No

**b** If "No," explain:

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☒ No

**b** If "Yes," explain:

GEORGE K. BOWLING COMMUNITY

Schedule G (Form 990 or 990-EZ) 2010 **PARK, INC.**

61-0945479 Page 3

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |        |   |
|-------------------------------|-----|--------|---|
| a The organization's facility | 13a | 100.00 | % |
| b An outside facility         | 13b |        | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► **KAREN SIMONE**

Address ► **673 CHASTEEN ROAD - EDMONTON, KY 42129**

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- 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 ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information

Name ► **CHRIS ISENBERG**

Gaming manager compensation ► \$ **56,250.**

Description of services provided ► **GENERAL MANAGER**

☒ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- 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 ► \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

Name of the organization	GEORGE K. BOWLING COMMUNITY PARK, INC.
Employer identification number	61-0945479

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

[illegible]

**2 Enter total number of section 501(c)(3) and government organizations**

**3 Enter total number of other organizations**

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



**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22A22B  
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Name of the organization **GEORGE K. BOWLING COMMUNITY  
PARK, INC.**

Employer identification number  
**61-0945479**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

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

Schedule L (Form 990 or 990-EZ) 2010

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of the transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JIM HOWARD	DIRECTOR	1,269.	LEGAL SERVI		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

**(A) NAME OF PERSON:** JIM HOWARD

**(D) DESCRIPTION OF TRANSACTION:** LEGAL SERVICES PERFORMED BY HOWARD AND  
HOWARD LAW FIRM

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

GEORGE K. BOWLING COMMUNITY  
PARK, INC.

Employer identification number  
61-0945479

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KENTUCKY, ITS VISITORS, AND GUESTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AN AREA WHERE 24% LIVE AT OR BELOW THE POVERTY LEVEL.

CITIZENS CAN PARTICIPATE IN ACTIVITIES SUCH AS BASKETBALL, TENNIS,  
SOCCER, AND SOFTBALL, AMONG OTHERS. THE COMMUNITY CENTER IS A  
MULTI-PURPOSE FACILITY AVAILABLE TO RESIDENTS OF METCALFE COUNTY FOR  
EVENTS SUCH AS PUBLIC MEETINGS, SOCIAL FUNTIONS, RECEPTIONS, ETC.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY MANAGEMENT  
UPON COMPLETION BEFORE SUBMITTING TO BE FILED.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPANY'S BOARD OF DIRECTORS  
ANNUALLY REVIEWS THE COMPENSATION OF ITS OFFICERS.

FORM 990, PART VI, SECTION C, LINE 19: GEORGE K. BOWLING PARK, INC. MAKES  
ITS DOCUMENTS AVAILABLE TO THE PUBLIC BY PROVIDING THEM UPON REQUEST AND  
MAKING THEM AVAILABLE THROUGH ANOTHER'S WEBSITE.

## 2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
59	(D)LIFT TRUCK	082704	200DB	5.00	17	10,550.			10,550.	10,550.		0.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					10,550.		0.	10,550.	10,550.	0.	0.
	OTHER											
1	FARMERS MARKET											
1	PAVILLION	060188	150DB	20.00	17	8,013.			8,013.	8,013.		0.
	BUILDING RENOVATION											
2	(HEADSTART)	100189	150DB	20.00	17	324.			324.	324.		0.
	BUILDING HEATING &											
3	AIR	100189	150DB	20.00	17	4,500.			4,500.	4,500.		0.
	4AIR CONDITIONER											
4		020190	150DB	20.00	17	12,700.			12,700.	12,417.		283.
	5FENCING											
5	TENNIS/BASKETBALL	040193	150DB	15.00	17	700.			700.	700.		0.
	6COURT REPAIRS											
6	FOOD PANTRY	090193	150DB	15.00	17	5,885.			5,885.	5,885.		0.
	7RENOVATION											
7		110193	SL	39.00	17	7,518.			7,518.	3,284.		193.
	8PAVING											
8	VILLAGE SHOP	120193	150DB	15.00	17	27,523.			27,523.	27,523.		0.
	9ADDITION											
9		090194	SL	39.00	17	33,000.			33,000.	14,550.		846.
	10PAVING											
10		080194	150DB	15.00	17	5,680.			5,680.	5,680.		0.
	11SPEED LIMIT SIGNS											
11		010195	150DB	15.00	17	363.			363.	350.		13.
	12SCORE BOARD											
12		070195	150DB	15.00	17	600.			600.	580.		20.
	13PARK SIGN											
13		110195	150DB	15.00	17	596.			596.	577.		19.
	14LOWER CONCESSION											
14		050195	SL	39.00	17	943.			943.	351.		24.

028102  
05-01-10

(D) - Asset disposed

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15	VILLAGE SHOP ADDITION	030195SL		39.00	17	8,279.			8,279.	3,136.		212.
16	BALLFIELD LIGHTS	040196150DB		15.00	17	1,364.			1,364.	1,228.		91.
17	STONE SIGN	120196150DB		15.00	17	5,250.			5,250.	4,727.		349.
18	SIGN	070197150DB		15.00	17	2,434.			2,434.	2,026.		163.
19	PARKING LOT STRIPING	070197150DB		15.00	17	2,974.			2,974.	2,477.		199.
20	POND FENCING	100197150DB		15.00	17	3,281.			3,281.	2,735.		218.
21	FENCING	050198150DB		15.00	17	21,126.			21,126.	16,196.		1,409.
22	TENNIS COURTS	100198150DB		15.00	17	41,360.			41,360.	31,710.		2,757.
23	BASKETBALL COURTS	010199150DB		15.00	17	9,613.			9,613.	6,726.		642.
24	MOBILE HOME OFFICE	040199SL		39.00	17	18,000.			18,000.	4,986.		462.
25	PAVILLION	060199150DB		20.00	17	14,938.			14,938.	7,843.		747.
26	PAVING	070199150DB		15.00	17	4,000.			4,000.	2,799.		267.
27	GYM DOORS	120199150DB		20.00	17	5,785.			5,785.	3,035.		289.
28	MOWER	030100200DB		7.00	17	6,415.			6,415.	6,415.		0.
30	EQUIPMENT	040100200DB		7.00	17	588.			588.	588.		0.
31	AIR CONDITIONER	060100200DB		7.00	17	2,285.			2,285.	2,285.		0.
32	AIR CONDITIONER	080100200DB		7.00	17	2,373.			2,373.	2,373.		0.
33	SEWER LINE	110100150DB		15.00	17	18,908.			18,908.	11,973.		1,261.

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34	TENNIS COURTS	070101	150DB	15.00	17	88,741.			88,741.	50,284.		5,916.
35	OFFICE TRAILER	070101	SL	39.00	17	7,584.			7,584.	1,641.		194.
36	IMPROVEMENT AIR CONDITIONER UNIT	100101	200DB	7.00	17	2,627.			2,627.	2,627.		0.
37	COPY MACHINE	012202	200DB	5.00	17	3,175.			3,175.	3,175.		0.
38	TREADMILLS (2)	021902	200DB	7.00	17	7,665.			7,665.	7,665.		0.
39	SLUSH PUPPY MACHINE	022602	200DB	5.00	17	575.			575.	575.		0.
40	WALKING TRAIL	032002	150DB	15.00	17	4,433.			4,433.	2,217.		295.
41	HISTORIC HOUSE	032502	SL	39.00	17	50,000.			50,000.	9,804.		1,282.
42	EXERCISE EQUIPMENT	032602	200DB	7.00	17	871.			871.	871.		0.
43	FURNITURE	052802	200DB	5.00	17	106.			106.	106.		0.
44	REFRIGERATOR	060702	200DB	5.00	17	125.			125.	125.		0.
45	(D) LAWN MOWER	061002	200DB	5.00	17	600.			600.	600.		0.
46	AIR CONDITIONER	071102	200DB	7.00	17	341.			341.	341.		0.
47	BENCHES	082002	200DB	7.00	17	5,429.			5,429.	5,429.		0.
48	AIR CONDITIONER	082002	200DB	7.00	17	2,500.			2,500.	2,500.		0.
49	SECURITY SYSTEM	110802	200DB	7.00	17	7,106.			7,106.	7,106.		0.
50	2000 CHEVY VAN	030703	200DB	5.00	17	14,252.			14,252.	14,252.		0.
51	WEED EATERS	062403	200DB	5.00	17	480.			480.	480.		0.

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52	HOUSE IMPROVEMENTS	070803	SL	39.00	17	16,583.			16,583.	2,745.		425.
53	SHELTER BEDS	091003	200DB	7.00	17	2,419.			2,419.	2,246.		173.
54	SHELTER REBUILD	091203	SL	39.00	17	60,994.			60,994.	9,841.		1,564.
55	LAWN MOWER	020304	200DB	5.00	17	1,443.			1,443.	1,443.		0.
56	ICE MACHINE	021104	200DB	5.00	17	2,314.			2,314.	2,314.		0.
57	COMMUNITY BUILDING	021604	SL	39.00	17	14,380.			14,380.	2,168.		369.
58	BALLFIELD SHELTER	040904	150DB	15.00	17	2,918.			2,918.	1,106.		191.
60	SHELTER HEAT & AIR	101104	200DB	7.00	17	1,500.			1,500.	1,178.		215.
61	AIR CONDITIONER	101404	200DB	7.00	17	1,125.			1,125.	884.		161.
62	OFFICE SAFE	122004	200DB	7.00	17	1,333.			1,333.	1,047.		191.
63	COMPUTER	122904	200DB	5.00	17	800.			800.	800.		0.
64	TREADMILL	030405	200DB	7.00	17	856.			856.	575.		112.
65	WEED EATER	041105	200DB	5.00	17	405.			405.	365.		40.
66	HOUSE IMPROVEMENTS	041305	SL	39.00	17	16,050.			16,050.	1,940.		412.
67	METCALFE BUILDING	041505	SL	39.00	17	434,054.			434,054.	52,413.		11,130.
68	COPIER	042205	200DB	5.00	17	2,300.			2,300.	2,070.		230.
69	MOWER & TRAILER	090505	200DB	5.00	17	1,500.			1,500.	1,350.		150.
70	MOWER	102705	200DB	5.00	17	2,233.			2,233.	2,009.		224.

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71	TRAILER	122005200	DB	7.00	17	3,700.			3,700.	2,486.		486.
72	KITCHEN EQUIPMENT	041706200	DB	5.00	17	19,938.			19,938.	14,298.		3,760.
73	COMMUNITY CENTRE IMPROVEMENTS	050406SL		39.00	17	691,627.			691,627.	64,302.		17,734.
74	BINGO ELECTRIC BOARD	062206200	DB	5.00	17	11,125.			11,125.	8,322.		1,869.
75	PARK DUMPTSER	070706200	DB	5.00	17	1,245.			1,245.	931.		209.
76	BINGO TABLES	070706200	DB	7.00	17	8,130.			8,130.	4,871.		931.
77	ALARM SYSTEM	071706200	DB	7.00	17	5,255.			5,255.	3,149.		602.
78	PAVED PARKING LOT	072006150	DB	15.00	17	24,000.			24,000.	6,504.		1,750.
79	WEED TRIMMER	080306200	DB	5.00	17	300.			300.	224.		51.
80	GYM BLEACHERS	102706200	DB	7.00	17	5,158.			5,158.	3,090.		591.
81	SPEAKER SYSTEM	102706200	DB	7.00	17	3,051.			3,051.	1,828.		349.
82	SAFE (COMMUNITY CENTRE)	010407200	DB	7.00	17	399.			399.	210.		54.
83	PLAYGROUND EQUIPMENT	032007150	DB	15.00	17	27,097.			27,097.	5,880.		2,122.
84	LAWN MOWER	032907200	DB	5.00	17	2,193.			2,193.	1,483.		284.
85	WEED EATER	060407200	DB	5.00	17	251.			251.	169.		33.
86	CABINETS	092807200	DB	7.00	17	999.			999.	525.		135.
87	LEAF BLOWER	120507200	DB	5.00	17	115.			115.	78.		15.
88	OFFICE CENTRAL HEAT AIR	051308150	DB	15.00	17	4,000.			4,000.	580.		342.

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89	LAWN MOWER	0515082000	DB	5.00	17	1,793.			1,793.	933.		344.
90	ICE MACHINE	0516082000	DB	5.00	17	582.			582.	302.		112.
91	PICNIC TABLES	0731082000	DB	7.00	17	4,717.			4,717.	1,829.		825.
92	MICROWAVE OVEN	0811082000	DB	7.00	17	390.			390.	151.		68.
93	2007 CHEVROLET MALIBU	0819082000	DB	5.00	17	11,950.			11,950.	6,214.		2,294.
94	EXERCISE BIKES	0910082000	DB	7.00	17	1,100.			1,100.	426.		193.
95	COMPUTER	1208082000	DB	5.00	17	757.			757.	393.		146.
96	OTHER ASSETS	0101902000	DB	7.00	17	610,525.			610,525.	610,525.		0.
97	LAND	010170L				60,418.			60,418.			0.
98	OFFICE FURNITURE	0119092000	DB	7.00	17	535.			535.	76.		131.
99	UTILITY VEHICLE - TORO WORKMAN 2100	0318092000	DB	7.00	17	4,500.			4,500.	643.		1,102.
100	FREEZER FOOD PANTRY	0406092000	DB	7.00	17	100.			100.	14.		25.
101	WOOD LAWN MOWER	0812092000	DB	7.00	17	5,000.			5,000.	714.		1,225.
102	CASH REGISTER VS	1204092000	DB	5.00	17	350.			350.	70.		112.
103	PHONE SYSTEM	0219102000	DB	7.00	19C	4,691.			4,691.			670.
104	TITAN COMMERCIAL TRASH PUMP	0222102000	DB	7.00	19C	750.			750.			107.
105	1999 UTILITY TRUCK	0405102000	DB	5.00	19B	3,500.			3,500.			700.
106	COPIER - COMMUNITY CENTER	0607102000	DB	7.00	19C	630.			630.			90.

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107	LARGE CHARCOAL BARBECUE GRILL	070810	200DB	7.00	190	700.			700.			100.
108	HISTORICAL SIGN AIR CONDITIONING	071410	200DB	7.00	190	2,075.			2,075.			296.
109	UNIT - FITNESS CENTER NEW ROOF - VILLAGE	081010	200DB	7.00	190	4,550.			4,550.			650.
110	SHOP	100110	SL	39.00	191	12,320.			12,320.			66.
111	TITAN DIESEL 7500 GENERATOR	022210	200DB	7.00	190	2,000.			2,000.			286.
112	INDUSTRIAL GAS GENERATOR	022210	200DB	7.00	190	1,500.			1,500.			214.
113	TITAN GAS POWERED AIR COMPRESSOR	022210	200DB	7.00	190	500.			500.			71.
114	TITAN PRESSURE WASHER	022210	200DB	7.00	190	550.			550.			79.
	* 990 PAGE 10 TOTAL					2582201.		0.	2582201.	1135504.	0.	74,961.
	OTHER											
	* GRAND TOTAL 990 PAGE 10 DEPR					2592751.		0.	2592751.	1146054.	0.	74,961.

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