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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)

OMB No. 1545-0047

2011

Open to Public Inspection

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

## A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable	C Name of organization <b>GEORGE K. BOWLING COMMUNITY PARK, INC.</b>		D Employer identification number <b>61-0945479</b>
<input type="checkbox"/> Address change	Doing Business As		E Telephone number <b>(270) 432-7204</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 849</b>	Room/suite	G Gross receipts \$ <b>3,267,686.</b>
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 <b>EDMONTON, KY 42129</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated	F Name and address of principal officer <b>KIM SMITH SAME AS C ABOVE</b>		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<input type="checkbox"/> Amended return	I Tax-exempt status. <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►
<input type="checkbox"/> Application pending	J Website: ► <b>WWW.BOWLINGPARK.ORG</b>		K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: <b>1978</b> M State of legal domicile: <b>KY</b>

## Part I Summary

Activities & Governance	1 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>	RECEIVED	
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	9
	3 Number of voting members of the governing body (Part VI, line 1a)	4	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	14
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	6	30
	6 Total number of volunteers (estimate if necessary)	7a	0.
	7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34	7b	<2,744. >
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,274.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	177,484.	172,179.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,412.	158.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	385,207.	492,595.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	576,377.	664,932.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	43,128.	41,655.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	193,902.	197,146.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	347,505.	408,737.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	584,535.	647,538.
19 Revenue less expenses Subtract line 18 from line 12	<8,158. >	17,394.	
Expenses	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	1,526,742.	1,545,593.
	21 Total liabilities (Part X, line 26)	10,481.	11,938.
	22 Net assets or fund balances Subtract line 21 from line 20	1,516,261.	1,533,655.

## 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	► <i>Kim Smith</i>	Date <i>5-15-2012</i>
	Signature of officer	
	► <b>KIM SMITH, PRESIDENT</b>	
	Type or print name and title	

Paid Preparer	Print/Type preparer's name <b>SAMMIE PARSLEY, CPA</b>	Preparer's signature <i>Sammie Parsley, CPA</i>	Date <b>05/09/12</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00851166</b>
Use Only	Firm's name ► <b>CAMPBELL, MYERS &amp; RUTLEDGE CPAS</b>			Firm's EIN ► <b>61-0975454</b>	
	Firm's address ► <b>410 SOUTH BROADWAY GLASGOW, KY 42141</b>			Phone no. <b>(270) 651-2163</b>	

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

 Yes  No

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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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

**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  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  No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$                   352,014. including grants of \$                   ) (Revenue \$                   239,936. )  
**THE COMMUNITY CENTER IS A FACILITY AVAILABLE TO RESIDENTS OF METCALFE**

THE COMMUNITY CENTER IS A FACILITY AVAILABLE TO RESIDENTS OF METCALFE COUNTY AND CAN BE USED FOR A VARIETY OF EVENTS.

4b (Code       ) (Expenses \$       89,309.       including grants of \$        ) (Revenue \$       26,643.       )

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 \$ **65,392.** including grants of \$ \_\_\_\_\_) (Revenue \$ **7,100.**)

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.)**

including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ 391,253.)

4e Total program service expenses ► 506,715.

1000 J. POLYM. SCI.: PART A

GEORGE K. BOWLING COMMUNITY  
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**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3	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>	3 X	
4	<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>	4 X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9	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>	9 X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11	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.		
a	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>	11a X	
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>	11b X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a	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>	12a X	
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>	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19	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>	19 X	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b	<u>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</u>	20b	

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<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? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26	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? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		
	If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity?		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
	<b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 9	
1b		1b 7	
2	Enter the number of voting members included in line 1a, above, who are independent	2	<input checked="" type="checkbox"/>
3	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?	3	<input checked="" type="checkbox"/>
4	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?	4	<input checked="" type="checkbox"/>
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	<input checked="" type="checkbox"/>
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	<input checked="" type="checkbox"/>
7a	Did the organization have members or stockholders?	7a	<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a X	
a	The governing body?	8b X	
b	Each committee with authority to act on behalf of the governing body?		
9	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	9	<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	13	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	14	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	15a X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b X	
a	The organization's CEO, Executive Director, or top management official	16a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► <u>KAREN SIMONE - (270) 432-3897</u>
	<u>673 CHASTEEN SIMONE ROAD, EDMONTON, KY 42129</u>

132006  
01-23-12

Form 990 (2011)



GEORGE K. BOWLING COMMUNITY  
PARK, INC.

## Form 990 (2011)

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

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

0

compensation from the organization

Yes | No

Yes | No

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

1

**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. Report compensation for the calendar year ending with or within the organization's tax year.

the organization. Report compensation for the calendar year ending with or within the organization's tax year			
(A) Name and business address	(B) Description of services	(C) Compensation	
<u>NONE</u>			

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

30 (2011)

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**Part VIII Statement of Revenue**

Contributions, Gifts, Grants and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
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				
g	Noncash contributions included in lines 1a-1f \$					
h	Total. Add lines 1a-1f					
Program Service Revenue		Business Code				
2 a	COMMUNITY CENTER	713940	138,436.	138,436.		
b	VILLAGE SHOP	713940	26,643.	26,643.		
c	FITNESS CENTER	713940	7,100.	7,100.		
d						
e						
f	All other program service revenue					
g	Total. Add lines 2a-2f		172,179.			
3	Investment income (including dividends, interest, and other similar amounts)		158.	158.		
4	Income from investment of tax-exempt bond proceeds					
5	Royalties					
6 a	Gross rents	(i) Real 101,500.				
b	Less: rental expenses					
c	Rental income or (loss)	101,500.				
d	Net rental income or (loss)		101,500.	101,500.		
7 a	Gross amount from sales of assets other than inventory	(i) Securities 101,500.				
b	Less: cost or other basis and sales expenses					
c	Gain or (loss)					
d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a b c				
b	Less: direct expenses					
c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a b c				
b	Less: direct expenses					
c	Net income or (loss) from gaming activities		391,095.	391,095.		
10 a	Gross sales of inventory, less returns and allowances	a b c				
b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory					
11 a	Miscellaneous Revenue	Business Code				
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		664,932.	664,932.	0.	0.
12	Total revenue. See instructions.					

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PARK, INC.

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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).

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

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 United States. See Part IV, line 21	40,655.	40,655.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	1,000.	1,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	85,743.	21,436.	64,307.	
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	86,980.	78,272.	8,708.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	12,862.	6,431.	6,431.	
10 Payroll taxes	11,561.	10,632.	929.	
11 Fees for services (non-employees):				
a Management				
b Legal	6,492.		6,492.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	13,370.	13,370.		
12 Advertising and promotion	11,249.	11,249.		
13 Office expenses	5,164.	2,840.	2,324.	
14 Information technology				
15 Royalties				
16 Occupancy	87,710.	81,256.	6,454.	
17 Travel	11,820.	11,820.		
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	85,293.	56,293.	29,000.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUPPLIES</b>	114,488.	114,488.		
b <b>REPAIRS AND MAINTENANCE</b>	60,755.	45,703.	15,052.	
c <b>SALES TAX EXPENSE</b>	8,526.	8,526.		
d <b>LOSS ON DISPOSAL</b>	2,744.	2,744.		
e All other expenses	1,126.		1,126.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	647,538.	506,715.	140,823.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ►  if following SOP 98-2 (ASC 958-720)

GEORGE K. BOWLING COMMUNITY  
PARK, INC.

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	121,324.	1	181,180.
	2 Savings and temporary cash investments	24,793.	2	24,986.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	1,931.
	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	450.	7	360.
	8 Inventories for sale or use	8,439.	8	13,553.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,573,494.		
	b Less: accumulated depreciation	10b 1,249,911.	10c	1,323,583.
	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 Total assets. Add lines 1 through 15 (must equal line 34)	1,526,742.	16	1,545,593.
Liabilities	17 Accounts payable and accrued expenses	10,481.	17	11,938.
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	10,481.	26	11,938.
	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	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	1,516,261.	32	1,533,655.
	33 Total net assets or fund balances	1,516,261.	33	1,533,655.
	34 Total liabilities and net assets/fund balances	1,526,742.	34	1,545,593.

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PARK, INC.

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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	664,932.
2	Total expenses (must equal Part IX, column (A), line 25)	2	647,538.
3	Revenue less expenses Subtract line 2 from line 1	3	17,394.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,516,261.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	1,533,655.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? <input checked="" type="checkbox"/> 2a X		
b Were the organization's financial statements audited by an independent accountant? <input checked="" type="checkbox"/> 2b X		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? <input checked="" type="checkbox"/> 3a X		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/> 3b		

Form 990 (2011)

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

## Public Charity Status and Public Support

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

Name of the organization	GEORGE K. BOWLING COMMUNITY PARK, INC.	Employer identification number	61-0945479
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See Instructions.

**The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)**

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

Total

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

**Schedule A (Form 990 or 990-EZ) 2011**

132021  
01-24-12

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 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 Gross receipts from related activities, etc (see instructions)</b>					12	
<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**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2011.</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 - 2010.</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 - 2011.</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 - 2010.</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"/>	

## GEORGE K. BOWLING COMMUNITY

Schedule A (Form 990 or 990-EZ) 2011 PARK, INC.

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**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,620.	10,889.	1,290.	11,274.	1,760.	26,833.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	721,631.	3377866.	3129374.	2940984.	3159165.	13329020.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total. Add lines 1 through 5</b>	<b>723,251.</b>	<b>3388755.</b>	<b>3130664.</b>	<b>2952258.</b>	<b>3160925.</b>	<b>13355853.</b>
<b>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</b>						0.
<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</b>						0.
<b>c Add lines 7a and 7b</b>						0.
<b>8 Public support (Subtract line 7c from line 6)</b>						<b>13355853.</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	723,251.	3388755.	3130664.	2952258.	3160925.	13355853.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,659.	57,475.	54,401.	87,837.	101,658.	359,030.
<b>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</b>						
<b>c Add lines 10a and 10b</b>	<b>57,659.</b>	<b>57,475.</b>	<b>54,401.</b>	<b>87,837.</b>	<b>101,658.</b>	<b>359,030.</b>
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		723.	390.		5,103.	6,216.
<b>13 Total support (Add lines 9, 10c, 11, and 12)</b>	<b>780,910.</b>	<b>3446953.</b>	<b>3185455.</b>	<b>3040095.</b>	<b>3267686.</b>	<b>13721099.</b>

**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**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	97.34	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	97.27	%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	2.62	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	2.72	%

**19a 33 1/3% support tests - 2011.** 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 - 2010.** 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**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

	Held at the End of the Tax Year
1a Total number of conservation easements	2a
1b Total acreage restricted by conservation easements	2b
1c Number of conservation easements on a certified historic structure included in (a)	2c
1d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
3 Number of states where property subject to conservation easement is located ► _____	
4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
7 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 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	► \$ _____
1b 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.	► \$ _____
1i Revenues included in Form 990, Part VIII, line 1	► \$ _____
1ii 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:	► \$ _____
2a Revenues included in Form 990, Part VIII, line 1	► \$ _____
2b Assets included in Form 990, Part X	► \$ _____

GEORGE K. BOWLING COMMUNITY  
PARK, INC.

Schedule D (Form 990) 2011

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):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <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:

- 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.

	Amount
1c	
1d	
1e	
1f	

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,418.		60,418.
b Buildings		1,395,917.	241,469.	1,154,448.
c Leasehold improvements				
d Equipment				
e Other		1,117,159.	1,008,442.	108,717.
<b>Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)</b>				1,323,583.

Schedule D (Form 990) 2011

GEORGE K. BOWLING COMMUNITY  
PARK, INC.

Schedule D (Form 990) 2011

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

1. (a) Description of liability	(b) Book value
(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

2. FIN 48 (ASC 740)

132053  
01-23-12

Schedule D (Form 990) 2011

GEORGE K. BOWLING COMMUNITY  
PARK, INC.

**Schedule D (Form 990) 2011**

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**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
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
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

**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
	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

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2011

## Open To Public Inspection

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.

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

**Part I** **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.

**Total** ► 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.

## GEORGE K. BOWLING COMMUNITY

Schedule G (Form 990 or 990-EZ) 2011 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

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue	627,575.	2,366,274.		2,993,849.
2	Cash prizes	510,193.	1,794,706.		2,304,899.
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses	64,535.	233,320.		297,855.
6	Volunteer labor	<input checked="" type="checkbox"/> Yes 75.00 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 75.00 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				► ( 2,602,754 )
8	Net gaming income summary. Combine line 1, column d, and line 7				► 391,095.

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  
PARK, INC.

Schedule G (Form 990 or 990-EZ) 2011

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 ► \$ \_\_\_\_\_

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



GEORGE K. BOWLING COMMUNITY  
PARK, INC.

Schedule I (Form 990) (2011)

## **Part III**

### **Grants and Other Part III can be dup**

Pa 61-0945479

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

(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
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## 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

**2011**

Open to Public  
Inspection

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

SOCCE, 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 III, LINE 4D, OTHER PROGRAM SERVICES:

GAMING ACTIVITIES

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 391,253.

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.

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
1 PAVILLION	FARMERS MARKET	060188150DB15.00017			8,013.				8,013.	8,013.		0.
BUILDING RENOVATION		100189150DB15.00017			324.				324.	324.		0.
2 (HEADSTART)												
BUILDING HEATING &		100189150DB15.00017			4,500.				4,500.	4,500.		0.
3 AIR												
4 AIR CONDITIONER		020190150DB15.00017			12,700.				12,700.	12,700.		0.
5 FENCING		040193150DB15.00017			700.				700.	700.		0.
TENNIS/BASKETBALL		090193150DB15.00017			5,885.				5,885.	5,885.		0.
6 COURT REPAIRS												
FOOD PANTRY		110193SL			39.00017	7,518.			7,518.	3,477.		193.
7 RENOVATION												
8 PAVING		120193150DB15.00017			27,523.				27,523.	27,523.		0.
VILLAGE SHOP		090194SL			39.00017	33,000.			33,000.	15,396.		846.
9 ADDITION												
10 (D) PAVING		080194150DB15.00017			5,680.				5,680.	5,680.		0.
(D) SPEED LIMIT												
11 SIGNS		010195150DB15.00017			363.				363.	363.		0.
12 SCORE BOARD		070195150DB15.00017			600.				600.	600.		0.
13 PARK SIGN		110195150DB15.00017			596.				596.	596.		0.
14 LOWER CONCESSION		050195SL			943.				943.	375.		24.
VILLAGE SHOP												
15 ADDITION		030195SL			8,279.				8,279.	3,348.		212.
16 (D) BALLFIELD LIGHTS		040196150DB15.00017			1,364.				1,364.	1,319.		23.
17 STONE SIGN		120196150DB15.00017			5,250.				5,250.	5,076.		174.
18 SIGN		070197150DB15.00017			2,434.				2,434.	2,189.		163.

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
19STRIPPING	(D) PARKING LOT	070197150DB15.0017			2,974.				2,974.	2,676.		100.
20POND FENCING		100197150DB15.0017			3,281.				3,281.	2,953.		219.
21FENCING		050198150DB15.0017			21,126.				21,126.	17,605.		1,408.
22TENNIS COURTS		100198150DB15.0017			41,360.				41,360.	34,467.		2,757.
23BASKETBALL COURTS		010199150DB15.0017			9,613.				9,613.	7,368.		641.
24MOBILE HOME OFFICE		0401999SL			39.0017	18,000.			18,000.	5,448.		462.
25PAVILLION		060199150DB20.0017			14,938.				14,938.	8,590.		747.
26PAVING		070199150DB15.0017			4,000.				4,000.	3,066.		267.
27(D) GYM DOORS		120199150DB20.0017			5,785.				5,785.	3,324.		145.
28MOWER		030100200DB7.00		17	6,415.				6,415.	6,415.	0.	
30EQUIPMENT		040100200DB7.00		17	588.				588.	588.	0.	
31AIR CONDITIONER		060100200DB7.00		17	2,285.				2,285.	2,285.	0.	
32AIR CONDITIONER		080100200DB7.00		17	2,373.				2,373.	2,373.	0.	
33SEWER LINE		110100150DB15.0017			18,908.				18,908.	13,234.		1,261.
34TENNIS COURTS		070101150DB15.0017			88,741.				88,741.	56,200.		5,917.
OFFICE TRAILER												
35IMPROVEMENT		070101SL			39.0017	7,584.			7,584.	1,835.		194.
AIR CONDITIONER												
36UNIT		100101200DB7.00		17	2,627.				2,627.	2,627.	0.	
37(D) COPY MACHINE		012202200DB5.00		17	3,175.				3,175.	3,175.	0.	

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
38(D) TREADMILLS (2) (D) SLUSH PUPPY	0219022000DB7.00	17	7,665.			7,665.			7,665.		0.	
39 MACHINE	0226022000DB5.00	17	575.			575.			575.		0.	
40 WALKING TRAIL	032002150DB15.00	17	4,433.			4,433.			2,512.		296.	
41 HISTORIC HOUSE (D) EXCERCISE	032502SL	39.00	17	50,000.		50,000.			11,086.		1,282.	
42 EQUIPMENT	0326022000DB7.00	17	871.			871.			871.		0.	
43 (D) FURNITURE	0528022000DB5.00	17	106.			106.			106.		0.	
44 REFRIGERATOR	0607022000DB5.00	17	125.			125.			125.		0.	
46 AIR CONDITIONER	0711022000DB7.00	17	341.			341.			341.		0.	
47 BENCHES	0820022000DB7.00	17	5,429.			5,429.			5,429.		0.	
48 AIR CONDITIONER	0820022000DB7.00	17	2,500.			2,500.			2,500.		0.	
49 (D) SECURITY SYSTEM	1108022000DB7.00	17	7,106.			7,106.			7,106.		0.	
502000 CHEVY VAN	0307032000DB5.00	17	14,252.			14,252.			14,252.		0.	
51 (D) WEED EATERS	0624032000DB5.00	17	480.			480.			480.		0.	
52 HOUSE IMPROVEMENTS	070803SL	39.00	17	16,583.		16,583.			3,170.		425.	
53 (D) SHELTER BEDS	0910032000DB7.00	17	2,419.			2,419.			2,419.		0.	
54 SHELTER REBUILD	091203SL	39.00	17	60,994.		60,994.			11,405.		1,564.	
55 (D) LAWN MOWER	0203042000DB5.00	17	1,443.			1,443.			1,443.		0.	
56 ICE MACHINE	0211042000DB5.00	17	2,314.			2,314.			2,314.		0.	

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
57	COMMUNITY BUILDING	021604SL	39.0017	14,380.					14,380.	2,537.		369.
58	BALLFIELD SHELTER	040904150DB15.0017		2,918.					2,918.	1,297.		191.
60	SHELTER HEAT & AIR	101104200DB7.00	17	1,500.					1,500.	1,393.		107.
61	AIR CONDITIONER	101404200DB7.00	17	1,125.					1,125.	1,045.		80.
62	OFFICE SAFE	122004200DB7.00	17	1,333.					1,333.	1,238.		95.
63	(D) COMPUTER	122904200DB5.00	17	800.					800.	800.		0.
64	(D) TREADMILL	030405200DB7.00	17	856.					856.	687.		57.
65	WEED EATER	041105200DB5.00	17	405.					405.	405.		0.
66	HOUSE IMPROVEMENTS	041305SL	39.0017	16,050.					16,050.	2,352.		412.
67	METCALFE BUILDING	041505SL	39.0017	434,054.					434,054.	63,543.		11,130.
68	(D) COPIER	042205200DB5.00	17	2,300.					2,300.	2,300.		0.
69	MOWER & TRAILER	090505200DB5.00	17	1,500.					1,500.	1,500.		0.
70	(D) MOWER	102705200DB5.00	17	2,233.					2,233.	2,233.		0.
71	TRAILER	122005200DB7.00	17	3,700.					3,700.	2,972.		485.
72	KITHCEN EQUIPMENT	041706200DB5.00	17	19,938.					19,938.	18,058.		1,880.
73	COMMUNITY CENTRE IMPROVEMENTS	050406SL	39.0017	691,627.					691,627.	82,036.		17,734.
74	BINGO ELECTRIC BOARD	062206200DB5.00	17	11,125.					11,125.	10,191.		934.
75	(D) PARK DUMPTSER	070706200DB5.00	17	1,245.					1,245.	1,140.		53.

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
76	BINGO TABLES	070706200DB7.00	17	8,130.		8,130.			5,802.		931.	
77	ALARM SYSTEM	071706200DB7.00	17	5,255.		5,255.			3,751.		602.	
78	PAVED PARKING LOT	072006150DB15.00	17	24,000.		24,000.			8,254.		1,575.	
79	(D)WEED TRIMMER	080306200DB5.00	17	300.		300.			275.		13.	
80	GYM BLEACHERS	102706200DB7.00	17	5,158.		5,158.			3,681.		591.	
81	SPEAKER SYSTEM	102706200DB7.00	17	3,051.		3,051.			2,177.		350.	
82	SAFE (COMMUNITY CENTRE)	010407200DB7.00	17	399.		399.			264.		39.	
83	PLAYGROUND EQUIPMENT	032007150DB15.00	17	27,097.		27,097.			8,002.		1,910.	
84	LAWN MOWER	032907200DB5.00	17	2,193.		2,193.			1,767.		284.	
85	(D)WEED EATER	060407200DB5.00	17	251.		251.			202.		17.	
86	CABINETS	092807200DB7.00	17	999.		999.			660.		97.	
87	LEAF BLOWER	120507200DB5.00	17	115.		115.			115.		93.	
88	OFFICE CENTRAL HEAT & AIR	051308150DB15.00	17	4,000.		4,000.			4,000.		922.	
89	LAWN MOWER	051508200DB5.00	17	1,793.		1,793.			1,793.		1,277.	
90	ICE MACHINE	051608200DB5.00	17	582.		582.			582.		414.	
91	PICNIC TABLES	073108200DB7.00	17	4,717.		4,717.			4,717.		2,654.	
92	MICROWAVE OVEN	081108200DB7.00	17	390.		390.			390.		219.	
93	2007 CHEVROLET MALIBU	081908200DB5.00	17	11,950.		11,950.			11,950.		8,508.	

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
94	EXCERCISE BIKES	0910082000DB7.00	17	1,100.					1,100.	619.		137.
95	COMPUTER	1208082000DB5.00	17	757.					757.	539.		87.
96	OTHER ASSETS	0101902000DB7.00	17	610,525.					610,525.	610,525.		0.
97	LAND	010170L		60,418.					60,418.			0.
98	OFFICE FURNITURE - UTILITY VEHICLE -	0119092000DB7.00	17	535.					535.	207.		94.
99	TORO WORKMAN 2100	0318092000DB7.00	17	4,500.					4,500.	1,745.		787.
100	FREEZER FOOD PANTRY	0406092000DB7.00	17	100.					100.	39.		17.
101	WOOD LAWN MOWER	0812092000DB7.00	17	5,000.					5,000.	1,939.		875.
102	CASH REGISTER VS	1204092000DB5.00	17	350.					350.	182.		67.
103	PHONE SYSTEM	0219102000DB7.00	17	4,691.					4,691.	670.		1,149.
104	TITAN COMMERCIAL TRASH PUMP	0222102000DB7.00	17	750.					750.	107.		184.
105	1999 UTILITY TRUCK COPIER - COMMUNITY	0405102000DB5.00	17	3,500.					3,500.	700.		1,120.
106	CENTER	0607102000DB7.00	17	630.					630.	90.		154.
107	LARGE CHARCOAL BARBECUE GRILL	0708102000DB7.00	17	700.					700.	100.		171.
108	HISTORICAL SIGN	0714102000DB7.00	17	2,075.					2,075.	296.		508.
109	AIR CONDITIONING UNIT - FITNESS CENTER	0810102000DB7.00	17	4,550.					4,550.	650.		1,114.
110	NEW ROOF - VILLAGE SHOP	100110SL	39.0017	12,320.					12,320.	66.		316.
111	TITAN DIESEL 7500 GENERATOR	0222102000DB7.00	17	2,000.					2,000.	286.		490.

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
112	INDUSTRIAL GAS GENERATOR	0222102000DB7.00	17	1,500.					1,500.	214.		367.
113	TITAN GAS POWERED AIR COMPRESSOR	0222102000DB7.00	17	500.					500.	71.		123.
114	TITAN PRESSURE WASHER	0222102000DB7.00	17	550.					550.	79.		135.
115	MITSUBISHI 65" HIGH DEFINITION TELEVIS	1116112000DB7.00	19C	700.					700.			700.
116	VISION FITNESS TREADMILLS	1018112000DB7.00	19C	12,499.					12,499.			12,499.
117	CUB CADET TRACTOR	0519112000DB7.00	19C	2,100.					2,100.			2,100.
118	VILLAGE SHOP IMPROVEMENTS - VINYL	041411SL	39.00191	4,500.					4,500.			82.
119	VILLAGE SHOP IMPROVEMENTS - WIND	090211SL	39.00191	13,085.					13,085.			98.
120	PAVILLION ROOFING	093011SL	39.00191	7,000.					7,000.			52.
	* TOTAL 990 PAGE 10 DEPR			2621485.					15,299.	2606186.	1209865.	0.
												85,293.