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SCANNED DEC 1 9 2012

Form **990-E2**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
and lotal assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this refuse in a satisfy state renorting requirements.

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

OMB No 1545-1150

2011

Open to Public Inspection

B	Α	For t	he 2011 ca	llendar year, or tax year beginning Jul 1 , 20	011, and ending Jun 30		, 2012					
Rome charge minist return Terminated T	В	B Check if applicable C Name of organization D Employer identification number										
Remotivation Remo	X	Addres	ss change	BOWLING GREEN QUARTERBACK CLUB INC		61-12	06996					
Terminate Position		Name	change	Number and street (or P O box, if mail is not delivered to street address)	E Telephone	Telephone number						
Contributions grifts, grants, and services and contracts Contributions grifts, grifts, grants, and services grifts and assessments Contributions, grifts, grants, and services grifts and contracts Contributions grifts and services grifts grifts and services grifts grifts and services and services grifts	\vdash			PO BOX 1046		(270)	779-0981					
Recipitation persons BOWILTING GREEN RY 42102 Number Num	Н		City or town, state or country, and ZIP + 4									
G Accounting Method. Cash X Accrual Other (specify) * H Check * If the organization is not revenue with the organization is not a section 509(3) supporting organization or a section 527 organization and its gross receipts are mormally not more than \$50,000 a Form \$90 return is not required though form \$90.090,000 or more, than \$50,000 a Form \$90 return is not required though form \$90.000 and its gross receipts are mormally not more than \$50,000 a Form \$90 return is not required though form \$90.000 and its gross receipts are soon to required though form \$90.000 and its gross receipts are soon \$10.000 and the post and t	H			BOWLING GREEN	KY 42102		xemption -					
Website: N / A Tax-exempt status (ck sity one) X Stit(ck) Stit(c) *(Insert no) 490(x)(1) or 127 799(2-27, 999(-797) 799(-797) 779 77	G					➤ X if the	e organization is not					
Tax-exempt status (ok only one) X 501(c)() 4(msert no.) 4947(a)(1) or 527 999, 990, 622, or 990, 675 K Check	ĭ		-	<u> </u>	require	ed to attach	Schedule B (Form					
K Check	ì											
normally not more than \$50,000 A Form 990-E2 or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines \$5, 6c, and \$7b, to line \$9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assests (Part II, line 25, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990. See the instructions for Part I.) Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I. I contributions, gifts, grants, and similar amounts received I 1 0,025. 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain of (ass) from sale of assets other than inventory (Subtract line 50 from line 5a) 6 Garning and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from gaming (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (oss) from gaming and fundraising events d Net income or (oss) from sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 10 Grants and similar amounts paid (list in Schedule O) 9 Total revenue (describe in Schedule O) 11 Benefits paid to or for members 5 Printing, publications, postage, and shipping 16 Other revenue (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 20 Total revenue (abscerbe in Schedule O) 19 Total revenue (abscerbe in Schedule O) 10 Gross income from the	ĸ				·· (··)(··) ·· · · · · · · · · · · · · ·	ation and its	gross receipts are					
Instructions) But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, but ine 9 to determine gross receipts afe gross receipts are \$2500,000 or more, or if total assets (Part II). Ine 25 column (8) below) are \$550,000 or more, file Form 990 instead of Form 990-EZ Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule 0 to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (fas) from sale of assets other than inventory (Subtract line 5b from line 5a) a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ or contributions from fundraising events (not including \$ or contributions for form fundraising events (not including \$ or contributions for form fundraising events from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 9 Total revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Ge 6, 827. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (udelicit) for the year (Subtract line 17 from line 9) 20 Oth	•	norm	ally not m	ore than \$50,000. A Form 990-EZ or Form 990 return is not requi	red though Form 990-N (e-c	ostcard) ma	y be required (see					
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14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 14	X				$ \omega $		300					
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 60, 209.	Ş	l		y, rent, utilities, and maintenance	2012							
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Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 Page 19 Net assets or fund balances at end of year Combine lines 18 through 20 19 95,528. 20 20 21 60,209.												
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	S	.ŧ		•			60 200					
	<u></u>					- 21						

Par	t II Balance Sheets. (see the Inst Check if the organization used Scheo	tructions for Part II.)	etion in this Part II			П
_	Check is the organization used Sched	tule O to respond to any ques) Beginning of yea	r	(B) End of year
22	Cash, savings, and investments			95,528.		64,733.
23	Land and buildings			0.	23	0.
24	Other assets (describe in Schedule O)		<u> </u>	0.	24	0.
25	Total assets			95,528.		64,733.
26	Total liabilities (describe in Schedule O)	See L-26 Str		0.	26	<u>4,524.</u> 60,209.
27 Dar	Net assets or fund balances (line 27 of c t III Statement of Program Serv			95,528.	27	Expenses
Гаі	Check if the organization used Sch					uired for section
What	s the organization's primary exempt purpose? YO	UTH ATHLETICS			501(0	c)(3) and 501(c)(4) nizations and section
Desc	ribe the organization's program service ac sured by expenses. In a clear and concise	complishments for each of its	three largest program	of persons	4947	(a)(1) trusts, optional
bene	fited, and other relevant information for ea	ich program title			for ot	thers)
28	THE ORGANIZATION PROVIDES		BOWLING_GREEN_			
	INDEPENDENT SCHOOLS' ATHI	LETIC PROGRAMS.				
	(Grants \$ 0.) If th	s amount includes foreign gra	ants check here		28 a	97,622.
29	(draits φ	S attrount moraces for eight give	arrio, orioen mere			
					- 1	
	(Grants \$) If th	s amount includes foreign gr	ants, check here		29 a	
30						
	(Grants \$) If th	is amount includes foreign gra	ants check here	FTT	30 a	
31	Other program services (describe in Sche					
		is amount includes foreign gr	ants, check here	▶	31 a	
	Total program service expenses (add lin	es 28a through 31a)		<u>► </u>	32	97,622.
Par	t IV List of Officers, Directors, Check if the organization used Sci			en if not compensated (see th	e instructions for Part IV)
	Check if the organization used Sci	(b) Title and average	(c) Reportable compensation	(d) Health benefit	s,	(e) Estimated amount of
	(a) Name and address	hours per week devoted to position	(Form W-2/1099-MISC) (If not paid, enter -0-)	contributions to empl benefit plans, and		other compensation
				deferred compensat		
	RD BEGLEY					ļ
	22 CHENOWETH CIRCLE	PRESIDENT	0.		0.	0.
	VLING GREEN KY 42104 RTY WILKINS	5.00	0.		<u>.</u>	0.
	5 SOUTH FORD AVE	VICE PRESIDENT				
BOV	LING GREEN KY 42103	5.00	0.		0.	0.
	DI_FREEMAN					
		TREASURER	0.		0.	0.
	LING GREEN KY 42103 LLY JENKINS	3.00	0.	-	<u> </u>	<u> </u>
777	3 LOUISVILLE RD	SECRETARY				
вои	LING GREEN KY 42101	5.00	0.		0.	0.
	- 					
			1			
	-					
-						
BAA		TEEA0812 (02/14/12	****		Form 990-EZ (2011)

Form 990-EZ (2011) BOWLING GREEN QUARTERBACK CLUB INC

.61-1206996

Page 2

Form 990-EZ (2011) BOWLING GREEN QUARTERBACK O	LUB INC	.61-120699	6	Р	age 3
Part V Other Information (Note the Schedule A and perso the instructions for Part V) Check if the organization us	nal benefit contract statement req	uirements in			
33 Did the organization engage in any activity not previously repeach activity in Schedule O			33	Yes	No X
Were any significant changes made to the organizing or governing document a change to the organization's name. Otherwise, explain the change on Scheol	s? If 'Yes,' attach a conformed copy of the lule O (see instructions)	amended documents if they reflect	34		X
35 a Did the organization have unrelated business gross income of (such as those reported on lines 2, 6a, and 7a, among other	of \$1,000 or more during the year	from business activities	35 a		Х
b If 'Yes,' to line 35a, has the organization filed a Form 990-T	- ,	*	35 b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c reporting, and proxy tax requirements during the year? If 'Ye	s, complete Schedule C, Part III		35 c	-	<u>X</u> _
36 Did the organization undergo a liquidation, dissolution, termi year? If 'Yes,' complete applicable parts of Schedule N	nation, or significant disposition of	1	36		Х
37a Enter amount of political expenditures, direct or indirect, as b Did the organization file Form 1120-POL for this year?	described in the instructions	37a 0.	37b	*	X
38a Did the organization borrow from, or make any loans to, any any such loans made in a prior year and still outstanding at	officer, director, trustee, or key eithe end of the tax year covered by	mployee or were v this return?	38 a	المدين المدين	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		38b			***
39 Section 501(c)(7) organizations Enter		,» **********************************			*****
a Initiation fees and capital contributions included on line 9		39 a			
b Gross receipts, included on line 9, for public use of club facilities	ities	39 b			ر سائنگ
40 a Section 501(c)(3) organizations Enter amount of tax impose					
section 4911 ► ; section 4912 ► b Section 501(c)(3) and 501(c)(4) organizations. Did the organ transaction during the year or did it engage in an excess beron any of its prior Forms 990 or 990-EZ? If 'Yes,' complete \$1.00.	efit transaction in a prior vear tha	8 excess benefit	40 b		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount managers or disqualified persons during the year under sect	of tax imposed on organization	•	- MA		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount by the organization		>	3 - 12		
 e All organizations At any time during the tax year, was the or shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed 		tax	40 e		<u>X</u>
42 a The organization's books are in care of ► HEIDI_FREEMAN Located at ► 161 RIDGEWOOD DRIVE b At any time during the calendar year, did the organization has financial account in a foreign country (such as a bank account if 'Yes,' enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90 c. At any time during the calendar year, did the organization multi 'Yes,' enter the name of the foreign country. ►	nt, securities account, or other find	ancial account)?		-098 Yes	
 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 9 and enter the amount of tax-exempt interest received or accordance. 44a Did the organization maintain any donor advised funds during of Form 990-EZ b Did the organization operate one or more hospital facilities dinstead of Form 990-EZ c Did the organization receive any payments for indoor tanning 	rued during the tax year g the year? If 'Yes,' Form 990 musuring the year? If 'Yes,' Form 990	st be completed instead	44a 44b	Yes	No 3 X X X X
d If 'Yes' to line 44c, has the organization filed a Form 720 to a Schedule O		ovide an explanation in	44 d	3.5° 2.6 ≥ .	<u> </u>
45 a Did the organization have a controlled entity of the organization			45a		X
b Did the organization receive any payment from or engage in any transaction Form 990 and Schedule R may need to be completed instead of Form 990-EZ	with a controlled entity within the meaning (see instructions)		45 b	*****	X

Form 990 -l	EZ (2011) BO	WLING	GREEN	QUAR	TERBACK	CLUB I	NC		· 61-12	06996	Р	age 4
<u> </u>	•	1									Yes	No
46 Did t	he organization lidates for publ	n engage,	directly o	r indirec	tly, in politic	cal campaig	n activities o	n behalf of	or in opposition to	46		X
Part VI	Section 5	01(c)(3)	organi:	zations	and sec	tion 4947	(a)(1) non	exempt c	haritable trusts or		ction	1 11
	501(c)(3)	organiz	ations a	nd sec	tion 4947	'(a)(1) no	nexempt c	haritable	trusts must answe	er question	าร	
	47-49b ar	nd 52, a	nd comp	olete th	ie tables	for lines 5	50 and 51					
	Check if the	organizat	tion used	Schedule	O to respo	ond to any q	uestion in thi	s Part VI				
											Yes	No
47 Did t	he organization plete Schedule	n engage C. Part II	ın lobbyın	g activiti	es or have	a section 50))(h) election	ı ın effect di	uring the tax year? If 'Y	es, 47		Х
	e organization			ed in se	ction 170(b))(1)(A)(ii)? l	If 'Yes,' comp	lete Sched	ule E	48		X
	he organizatio									49 a		X
b If 'Ye	es,' was the rel	lated orga	nization a	section	527 organiz	zation?				49 b		
50 Com	plete this table	for the o	rganızatıo	n's five h	nghest com	pensated er	mployees (otl	her than off	icers, directors, trustee	s and key		
empl	loyees) who ea	ach receiv	ed more t	nan \$100	0,000 of cor	npensation	T		there is none, enter 'N	Ί		
	(a) Name and adding paid more	ress of each than \$100,00	employee 00		` hours p	and average per week to position	(c) Reportable (Forms W-2/	compensation 1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
NONE		 ,	 				<u> </u>	 	deletted sempendation		_	
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	- 						ļ			 		
							4					
							 			 		
				-	-		-					
e Total	I number of oth	ner emplo	vees paid	over \$10	00.000	•	1					
						pensated in	dependent co	ontractors v	vho each received more	than \$100,	000 of	
com	pensation from	the organ	nization I	there is	none, ente	r 'None '	, T					
(a)	Name and address	of each inde	pendent conf	ractor paid	more than \$10	00,000		(b) ⊺ype	of service	(c) Com	pensatio	n ———
NONE							_					
	 									<u> </u>		
	_						-					
										 		
							1					
							<u> </u>					
	-											
]			<u> </u>		
e Tota	I number of oth	ner indepe	endent cor	ntractors	each recen	ving over \$1	00,000		•			
						on 501(c)(3) organizatio	ns and 494	7(a)(1) nonexempt	► X Yes	. г	No
	itable trusts mu es of periudy, I decl	-				mpanying sche	dules and statem	ents, and to th	e best of my knowledge and be		<u> </u>	1110
true, correct,	and complete Deci	aration of pr	eparer (other	than office	r) is based on	all information of	of which preparer	has any know	ledge			
۵.	Signature of	officer	aus	142					Date			
Sign Here												
ricic	Type or prin					·						
	Print/Type prepa	rer's name)	Preparer's sig	nature		Date	Check If	PTIN		
Paid	JANICE R	AVER	i	m	eeR.	Quer	y CAA	11-15-	12 self-employed]	P0017283	2	
Preparer	Firm's name	Aver	y &/Sm	allwo	od CPAs							_
Use Only	Firm's address		Chestn		reet				Firm's EIN	61-1181		
			ing Gr				KY	42101	Phone no (27	70) 781-		
May the IF	RS discuss this	return wi	th the pre	parer she	own above?	See instruc	ctions			► X Yes		No (2011)
										1 00111 33		(۱۱تان)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public

(C)			NG GREEN QUART								206996			
A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state 5	Parl	: I .\	Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See I	<u>nstruct</u>	ions.		
A school described in section 170(b)(1)(A)(ii), (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii), A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). The defect of the section of the section of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). A companization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii). A companization beta normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(iii). A community trust described in section 170(b)(1)(A)(iii). An organization that normally receives: (1) more than 33 -12% of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iii). An organization organization along trust in section 170(b)(1)(A)(iii). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or described in section 50(a)(2). A companization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or described in section 50(a)(2) or section 50(a)(3). A companization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or described in section 50(a)(a) or section 50(a)(a). A companization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or described in the function of the purposes of one or described in the function of the performance of the purpose of the function of the function of the function	The o	rgai	nization is not a privat	e foundation because	it is (For lines 1 through	gh 11, ch	neck onl	y one bo	ox)					
A hospital or a cooperative hospital service organization described in section 170(bX)(XA)(ii). A medical research organization operated in conjunction with a hospital described in section 170(bX)(XA)(xii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX)(XA)(x). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX)(XA)(x). (Complete Part II) An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bX)(XA)(x). (Complete Part II) 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 510 ax) from businesses acquired by the organization after June 30, 1975 See section 509(2x). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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 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)(2). If the organization received a written determination from the IRS that is a	1		A church, convention	of churches or associ	iation of churches descr	ibed in s	section	170(b)(1)(A)(i).					
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii) Enter the hospital's name, city, and state A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II) A norganization 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)(v). (Complete Part II) A community trust described in section 170(b)(1)(A)(v). (Complete Part II) A community trust described in section 170(b)(1)(A)(v). (Complete Part II) An organization that normally receives: (1) more than 33-1/3% of its support from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from goss investment income and unrelated business taxable income (less section 510(a)(3) from businessea, acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 \(\text{Ly-animal properties of the pr	2	П	A school described in	section 170(b)(1)(A)((ii). (Attach Schedule E)								
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii) Enter the hospital's name, city, and state A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II) A norganization 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)(v). (Complete Part II) A community trust described in section 170(b)(1)(A)(v). (Complete Part II) A community trust described in section 170(b)(1)(A)(v). (Complete Part II) An organization that normally receives: (1) more than 33-1/3% of its support from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from goss investment income and unrelated business taxable income (less section 510(a)(3) from businessea, acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 \(\text{Ly-animal properties of the pr	3	П	A hospital or a coope	rative hospital service	e organization described	ın sect	ion 1 70 (b)(1)(A)	(iii).					
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section To(b(N)(1)(A)(N)) Complete Part II)	4	П								b)(1)(A)((ıiı) Ente	r the hospi	tal's	
170(b(1)(A)(iv), (Complete Part II)		_	name, city, and state											
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)(x)). (Complete Part II) A community trust described in section 170(b)(1)(A)(x)). (Complete Part II) 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 severibly 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) An organization organized and operated exclusively to test for public safety See section 509(a)(4). A norganization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 the through 11h a	5		170(b)(1)(A)(iv). (Cor	mplete Part II)				-	•	nental u	nıt descr	ibed in sec	tion	
In section 170(b)(1)(A)(v), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) A norganization 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 basable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 599(a)(2), (Complete Part III) A norganization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 599(a)(1) or section 599(a)(2). See section 599(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type II										_				
9			ın section 170(b)(1)(A	A)(vi). (Complete Part	tll)		_	ernment	al unit d	or from t	he gener	ral public de	escribe	∌d
from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-11/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from corparized and operated exclusively to test for public safety. See section 599(a)(4). 10		닏	•				•							
11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 X Type I b Type III C Type III Functionally integrated d Type III Other	9	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												
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 the through 11h a	10			•	•		-							
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 is a Type I, Type III 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) above? (i) Name of supported organization in organization in (described on lines 1-9 above or IRC section of listed in your governing organization in (described on lines 1-9 above or IRC section of listed in your governing organization in (see instructions)) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) above? (iv) Sin the organization in column (i) organization in column (i) is the organization in column (i) organization in the column (i) organization in colum	11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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												
other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2) f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) 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? 11g (iii) X 11g (iii) X 11g (iii) X 11g (iii) X 11g (iii) IX (vi) Name of supported organization in column (i) organization in column (ii) organization in colu				_							d 🗌			
f If the organization received a written determination from the IRS that is a Type I, Type III or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 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) (i) Name of supported organization in (see instructions)) (iii) EIN (iii) EIN (iv) Type of organization in (v) is the organization in (v) is the organization in column (i) organization in column (ii)	е		other than foundation	I certify that the orga managers and other	nization is not controlle than one or more public	d directly	y or indi orted or	rectly by ganization	y one or ons desc	more d cribed in	squalifie section	ed persons 509(a)(1) o	or	
(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? (iii) 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) (i) Name of supported organization (described on lines 1-9 above or iRC section) (described on lines 1-9 above or iRC section) (see instructions)) (iv) Is the organization in column (i) isled in your governing organization in column (i) organization in column (ii) organization in column (iii) organization in column (iii) organization in column (iii) organization in column (iii)	f		If the organization rec	ceived a written deterr	mination from the IRS th	nat is a	Гуре I, ∃	Type II o	r Type I	II suppo	rting org	anızatıon,		
(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) (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in column (i) organization in column (i) indicating your support? (vi) Is the organization in column (i) organization in colum	g		Since August 17, 200	6, has the organizatio	on accepted any gift or	contribu	tion fror	n any of	the foll	owing p	ersons?			
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 (security of a person described in (i) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in column (i) of your support? (vi) Is the organization in column (i) of your support? (vii) Amount of support organization in your governing document? Yes No Yes No Yes No (A) (B) (C) (D)													Yes	No
(iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s) (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in column (i) of organization in column (i) of your support? Yes No Yes No Yes No (A) (B) (C) (D)			below, the gove	rning body of the sup	ported organization?	ogether v	with per	sons des	scribed	ın (II) ar	nd (III)	11 g (i)		
h Provide the following information about the supported organization(s) (i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (ii) Type of organization in column (i) is the organization in column (i) of your support? Yes No Yes No (A) (B) (C) (D) (D) (Ii) Type of organization in column (i) of your support? (V) Did you notify the organization in column (i) of your support? (Vi) Is the organization in column (i) of your support? Yes No Yes No (Vi) Is the organization in column (i) of your support? (Vii) Amount of support organization in column (i) of your support? (Vii) Amount of support organization in column (i) of your support? Yes No Yes No (Vii) Amount of support organization in column (i) of your support? Yes No Yes No (D)												11 g (ii)		
(a) Name of supported organization organization of clestroided on lines 1-9 above or IRC section (see instructions)) (b) Did you notify the organization in column (i) of your support? (c) Did you notify the organization in column (i) of your support? (vi) Is the organization in column (i) of your support? (vii) Amount of support (viii) Amou			(iii) A 35% controlle	d entity of a person d	lescribed in (i) or (ii) ab	ove?						11 g (iii)		<u> X</u>
(A) (Gescribed on lines 1-9 above or IRC section (see instructions)) (Gescribed on lines 1-9 above or IRC section column (t) listed in your governing document? Yes No Yes No (A) (B) (C) (D)	h		Provide the following	information about the	supported organization	(s)				,				
(A) (B) (C) (D)			(i) Name of supported organization	(II) EIN	(described on lines 1-9 above or IRC section	organiz column (i your go	ation in) listed in everning	the organ	nization in n (i) of	organiz colur	ation in	(vii) Amour	t of supp	port
(B) (C) (D)						Yes	No	Yes	No	Yes	No			
(B) (C) (D)														
(C) (D)	(A)		<u></u>											
(C) (D)									1					
(D)	<u>(B)</u>													
	(C)													
(E)	(D)							_						
	(E)													
Total	Total													0

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

Schedule A (Form 990 or 990-EZ) 2011

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)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year nning 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	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support		<u> </u>				· · · · ·		
Cale: begir	ndar year (or fiscal year nning 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)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	<u> </u>		
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or t	fifth tax year as a	section 501(c)(3) ▶ □		
	tion C. Computation of Pu						· · · · · · · · · · · · · · · · · · ·		
	Public support percentage for 20	, ,	• • •	: 11, column (f))		14	%		
15	Public support percentage from 2	2010 Schedule A, I	Part II, line 14			15	%		
16 a	33-1/3% support test — 2011. If t and stop here. The organization				the line 14 is 33-	1/3% or more, ch	eck this box		
b	b 33-1/3% support test — 2010. 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 ▶ □								
17a	17a 10%-facts-and-circumstances test − 2011. 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. □								
	b 10%-facts-and-circumstances test — 2010. 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.								
18	Private foundation. If the organiz	zation did not ched	ck a box on line 13	3, 16a, 16b, 17a, c	or 17b, check this	box and see inst	ructions -		

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)

	<u> </u>								
Sec	tion A. Public Support								
	dar year (or fiscal yr 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								
	received (Do not include		1						
2	any 'unusùal grants ') Gross receipts from admis-				 				
_	sions, merchandise sold or	ļ							
	services performed, or facilities furnished in any activity that is								
	related to the organization's								
_	tax-exempt purpose		-	 					
3	Gross receipts from activities that are not an unrelated trade								
	or business under section 513				<u> </u>				
4	Tax revenues levied for the organization's benefit and								
	either paid to or expended on	[
5	its behalf The value of services or				ļ				
-	facilities furnished by a		:						
	governmental unit to the organization without charge								
6	Total. Add lines 1 through 5				<u> </u>				
_	Amounts included on lines 1,								
	2, and 3 received from								
L	disqualified persons 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				<u> </u>		 		
	: Add lines 7a and 7b	4		 					
8	Public support (Subtract line 7c from line 6)		1	'Ē ^Ž		<u></u>			
Sec	tion B. Total Support	1		_					
	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	Amounts from line 6			, .					
10 a	Gross income from interest,								
	dividends, payments received on securities loans, rents,								
	royalties and income from								
ь	similar sources Unrelated business taxable				-				
-	income (less section 511				İ				
	taxes) from businesses acquired after June 30, 1975								
,	: Add lines 10a and 10b								
-	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		-	· , <u>-</u>					
	gain or loss from the sale of capital assets (Explain in								
	Part IV)								
	Total support. (Add ins 9, 10c, 11, and 12)				1				
14	First five years. If the Form 990 organization, check this box and	is for the organiza	tion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □		
	tion C. Computation of Pu				· · · · · · · · · · · · · · · · · · ·				
	Public support percentage for 20			13, column (f))		15	ક્ર		
	16 Public support percentage from 2010 Schedule A, Part III, line 15								
	Section D. Computation of Investment Income Percentage								
	17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 8								
18	18 Investment income percentage from 2010 Schedule A, Part III, line 17								
19 a	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								
L	is not more than 33-1/3%, check 33-1/3% support tests – 2010. If						- ∐ 3% and		
	line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	organization qua	lifies as a publicly	supported organiza	tion -		
					eck this box and se				

Schedule A	(Form 990 c	or 990-EZ)	2019 • 1	ROMTIN	IG GRE.	EN QUA	RIERBA	CK CTO	B INC		ρ_{1}	6996	Pag	ge 4
Part IV	Suppleme Part II, Iir (See instr	ental Inf ne 17a o ructions)	ormatio r 17b; a	n. Com nd Part	plete th	nis part e 12. Als	to provi so comp	de the ex plete this	xplanation part for	ons requ any ado	ired by litional i	Part II, Iii nformatio	ne 10; on.	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service

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.

lame of the organization	Employer identification number
BOWLING GREEN QUARTERBACK CLUB INC	61-1206996
SOWETHE GREEN COANTENDACK COOL INC	
	-
	
	-
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·	
	-

Total

4,524.

Supporting Statement of:

Form 990-EZ/Line 16, Amount-1

Description	Amount
FOOTBALL EXPENSES	96,778.
OFFICE EXPENSES	272.
POSTAGE	272.
Total	97,322.

NO

Additional Information STATEMENT 3 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO APY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?