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Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

## A For the 2012 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)	Room/suite	G Gross receipts \$ <b>3,216,386.</b>
<input type="checkbox"/> Initial return	<b>P.O. BOX 849</b>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated	City, town, or post office, state, and ZIP code	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Amended return	<b>EDMONTON, KY 42129</b>		If "No," attach a list (see instructions)
<input type="checkbox"/> Application pending	F Name and address of principal officer: <b>KIM SMITH SAME AS C ABOVE</b>		H(c) Group exemption number ►
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		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>	

JUN 17 2013

Activities &amp; Governance

SCANNED

Revenue

Expenses

Net Assets or Fund Balances

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>		
2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	<121.>
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	172,179.	170,591.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	158.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	492,595.	442,244.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	664,932.	612,835.
14	Benefits paid to or for members (Part IX, column (A), line 4)	41,655.	41,664.
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)	197,146.	188,209.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	408,737.	452,665.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	647,538.	682,538.
19	Revenue less expenses Subtract line 18 from line 12	17,394.	<69,703.>
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,545,593.	1,475,781.
22	Net assets or fund balances Subtract line 21 from line 20	11,938.	11,829.
		1,533,655.	1,463,952.

## 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	Signature of officer <b>KIM SMITH</b>	Date <b>5-15-2013</b>
	Type or print name and title <b>KIM SMITH, PRESIDENT</b>	
Paid Preparer	Print/Type preparer's name <b>SAMMIE PARSLEY, CPA</b>	Preparer's signature <b>SAMMIE PARSLEY, CPA</b> Date <b>05/03/13</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

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

GEORGE K. BOWLING COMMUNITY  
PARK, INC.

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**Part III Statement of Program Service Accomplishments**

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

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 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 \$ 455,577. including grants of \$ 41,664.) (Revenue \$ 271,328.)

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

4b (Code \_\_\_\_\_) (Expenses \$ 56,192. including grants of \$ \_\_\_\_\_) (Revenue \$ 3,676.)

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 \$ 31,502. including grants of \$ \_\_\_\_\_) (Revenue \$ 3,574.)

THE FITNESS CENTER OFFERS A PLACE FOR RESIDENTS TO IMPROVE PHYSICAL FITNESS WITH EMPHASIS ON THE CARDIOVASCULAR SYSTEM. FITNESS CENTER FEES ARE CONTINGENT UPON THE INCOME OF INDIVIDUALS INTERESTED, OR MEMBERS CAN PARTICIPATE IN A WORK EXCHANGE PROGRAM FOR USE OF THE CENTER.

4d Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ 334,257.)

4e Total program service expenses ► 543,271.

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**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  
*If "Yes," complete Schedule A*
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*
- 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? *If "Yes," complete Schedule C, Part III*
- 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? *If "Yes," complete Schedule D, Part I*
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 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? *If "Yes," complete Schedule D, Part VI*
  - 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? *If "Yes," complete Schedule D, Part VII*
  - 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? *If "Yes," complete Schedule D, Part VIII*
  - 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? *If "Yes," complete Schedule D, Part IX*
  - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part 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)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
  - b Was the organization included in consolidated, independent audited financial statements for the tax year?  
*If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - 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? *If "Yes," complete Schedule F, Parts I and IV*
- 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? *If "Yes," complete Schedule F, Parts II and IV*
- 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? *If "Yes," complete Schedule F, Parts III and IV*
- 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? *If "Yes," complete Schedule G, Part I*
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3	X	
4	X	
5	X	
6	X	
7	X	
8	X	
9	X	
10	X	
11a	X	
11b	X	
11c	X	
11d	X	
11e	X	
11f	X	
12a	X	
12b	X	
13	X	
14a	X	
14b	X	
15	X	
16	X	
17	X	
18	X	
19	X	
20a	X	
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 Section 501(c)(3) and 501(c)(4) organizations. 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, highest 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, Part II, III, or IV, and Part V, line 1	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, 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	35a X 35b	
36 Section 501(c)(3) organizations. 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 11b and 19?	38 X	

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

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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	7
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	13
b	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
b	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	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 as charitable contributions?	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	X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
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?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	<b>Section 501(c)(7) organizations.</b> Enter:	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	<b>Section 501(c)(12) organizations.</b> Enter:	12b	
a	Gross income from members or shareholders	13a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	13b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	X
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	14b	
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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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**

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.

1b Enter the number of voting members included in line 1a, above, who are independent

2 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 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

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

	Yes	No
1a	9	
1b	7	
2		X
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9		X

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

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

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 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

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?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

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?

	Yes	No
10a	X	
10b		
11a	X	
12a		X
12b		
12c		
13		X
14		X
15a	X	
15b	X	
16a		X
16b		

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website  Another's website  Upon request  Other (explain in Schedule O)

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 ► KATHY ACREE - (270) 565-2413  
3400 SULPHUR WELL-KNOB LICK ROAD, CENTER, KY 42214

232008  
12-10-12

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

**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.

232008

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	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	2 a COMMUNITY CENTER	Business Code				
		713940	163,344.	163,344.		
	b VILLAGE SHOP	713940	3,676.	3,676.		
	c FITNESS CENTER	713940	3,571.	3,571.		
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		170,591.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	(ii) Personal			
		108,055.				
	b Less rental expenses	0.				
	c Rental income or (loss)	108,055.				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b Less: direct expenses	b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a 2,937,740.					
b Less: direct expenses	b 2,603,551.					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		612,835.	612,835.	0.	0.	

GEORGE K. BOWLING COMMUNITY  
PARK, INC.

Form 990 (2012)

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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)

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	38,664.	38,664.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	3,000.	3,000.		
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				
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	105,625.	97,141.	8,484.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,120.	3,060.	3,060.	
10 Payroll taxes	11,386.	10,471.	915.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	20,729.	20,729.		
12 Advertising and promotion	7,792.	7,792.		
13 Office expenses	7,623.	4,021.	3,602.	
14 Information technology				
15 Royalties				
16 Occupancy	114,629.	106,986.	7,643.	
17 Travel	13,536.	13,536.		
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	78,431.	51,764.	26,667.	
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>	146,799.	146,799.		
b <b>REPAIRS AND MAINTENANCE</b>	42,307.	30,287.	12,020.	
c <b>SALES TAX EXPENSE</b>	8,950.	8,950.		
d <b>LOSS ON DISPOSAL OF ASS</b>	71.	71.		
e All other expenses	5,086.		5,086.	
25 Total functional expenses. Add lines 1 through 24e	682,538.	543,271.	139,267.	0.
26 Joint costs. 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**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	181,180.	1	144,416.
	2 Savings and temporary cash investments	24,986.	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,931.	4	1,235.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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 instr) Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	360.	7	
	8 Inventories for sale or use	13,553.	8	17,553.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,629,920.		
	b Less accumulated depreciation	10b 1,317,343.	10c 1,323,583.	1,312,577.
	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)	1,545,593.	16	1,475,781.
Liabilities	17 Accounts payable and accrued expenses	11,938.	17	11,829.
	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 Loans and other 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	11,938.	26	11,829.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), 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	
	Organizations that do not follow SFAS 117 (ASC 958), 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	1,533,655.	32	1,463,952.
	33 Total net assets or fund balances	1,533,655.	33	1,463,952.
	34 Total liabilities and net assets/fund balances	1,545,593.	34	1,475,781.

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GEORGE K. BOWLING COMMUNITY  
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	612,835.
2 Total expenses (must equal Part IX, column (A), line 25)	2	682,538.
3 Revenue less expenses Subtract line 2 from line 1	3	<69,703.>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,533,655.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,463,952.

**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?	2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited 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		
2c 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?	2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
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?	3a	X
3b 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	3b	

Form 990 (2012)

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.**

Employer identification number

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

**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 - Non-functionally integrated

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)		

(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 col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?	(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of monetary support		
			Yes	No	Yes	No	Yes	No
Total								

I HAD

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

**Schedule A (Form 990 or 990-EZ) 2012**

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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>					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2012.</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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 33 1/3% support test - 2011.</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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2012.</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 <b>stop here</b> . 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 - 2011.</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 <b>stop here</b> . 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) 2012 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,889.	1,290.	11,274.	1,760.	1,353.	26,566.
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	3377866.	3129374.	2940984.	3159165.	3106981.	15714370.
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>3388755.</b>	<b>3130664.</b>	<b>2952258.</b>	<b>3160925.</b>	<b>3108334.</b>	<b>15740936.</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>15740936.</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	3388755.	3130664.	2952258.	3160925.	3108334.	15740936.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,475.	54,401.	87,837.	101,658.	108,055.	409,426.
<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>57,475.</b>	<b>54,401.</b>	<b>87,837.</b>	<b>101,658.</b>	<b>108,055.</b>	<b>409,426.</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>3446953.</b>	<b>3185455.</b>	<b>3040095.</b>	<b>3267686.</b>	<b>3216389.</b>	<b>16156578.</b>
<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</b>						<input type="checkbox"/>

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	97.43	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	97.34	%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	2.53	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	2.62	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** 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

**2012**Open to Public  
InspectionName of the organization **GEORGE K. BOWLING COMMUNITY  
PARK, INC.**Employer identification number  
**61-0945479****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	<b>Held at the End of the Tax Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, 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 XIII, the text of the footnote to its financial statements that describes these items	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

GEORGE K. BOWLING COMMUNITY  
PARK, INC.

Schedule D (Form 990) 2012

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**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 XIII

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 XIII 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?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Yes  No

	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

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

(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 XIII the intended uses of the organization's endowment funds.

**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		1,433,233.	277,940.	1,155,293.
c Leasehold improvements				
d Equipment				
e Other		1,136,269.	1,039,403.	96,866.
<b>Total. Add lines 1a through 1e</b> (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,312,577.

Schedule D (Form 990) 2012

GEORGE K. BOWLING COMMUNITY  
PARK, INC.

Schedule D (Form 990) 2012

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)		
<b>Total</b> (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)		
<b>Total</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

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

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

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

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

232053  
12-10-12

•GEORGE K. BOWLING COMMUNITY  
PARK, INC.

**Schedule D (Form 990) 2012**

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

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12
  - a Net unrealized gains on investments
  - b Donated services and use of facilities
  - c Recoveries of prior year grants
  - d Other (Describe in Part XIII )
  - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 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
  - b Other (Describe in Part XIII )
  - c Add lines 4a and 4b
- 5 Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 1)*

		1
2a		
2b		
2c		
2d		
		2e
	3	
4a		
4b		
		4c
	5	

## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

- 1 Total expenses and losses per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25
  - a Donated services and use of facilities
  - b Prior year adjustments
  - c Other losses
  - d Other (Describe in Part XIII.)
  - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 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
  - b Other (Describe in Part XIII.)
  - c Add lines 4a and 4b
- 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IX, line 25.)

	1	
2a		
2b		
2c		
2d		
	2e	
	3	
4a		
4b		
	4c	
	5	

**Part XIII** **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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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.

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

► 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**

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

**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) 2012 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 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col. (c))
1	Gross receipts				
2	Less 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	605,643.	2,332,097.		2,937,740.
2	Cash prizes	517,882.	1,769,680.		2,287,562.
3	Noncash prizes				
4	Rent/facility costs	4,845.	18,286.		23,131.
5	Other direct expenses	64,933.	227,925.		292,858.
6	Volunteer labor	<input checked="" type="checkbox"/> Yes ##### % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				► ( 2,603,551.)
8	Net gaming income summary. Combine line 1, column d, and line 7				► 334,189.

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

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

## GEORGE K. BOWLING COMMUNITY

Schedule G (Form 990 or 990-EZ) 2012 PARK, INC.

61-0945479 Page 3

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a 100.00 %
b An outside facility	13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► KATHY ACREEAddress ► 3400 SULPHUR WELL-KNOB LICK ROAD - CENTER, KY 42214

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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





## 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

**2012**

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,

SOCCER, AND SOFTBALL, AMONG OTHERS. THE COMMUNITY CENTER IS A

MULTI-PURPOSE FACILITY AVAILABLE TO RESIDENTS OF METCALFE COUNTY FOR

EVENTS SUCH AS PUBLIC MEETINGS, SOCIAL FUNTIONS, RECEPTIONS, ETC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

GAMING ACTIVITIES

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 334,257.

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	060188150DB20.0017			8,013.				8,013.			0.
2 (HEADSTART)	BUILDING RENOVATION	100189150DB20.0017			324.				324.			0.
3 AIR	BUILDING HEATING &	100189150DB20.0017			4,500.				4,500.			0.
4 AIR CONDITIONER		020190150DB20.0017			12,700.				12,700.			0.
5 FENCING		040193150DB15.0017			700.				700.			0.
6 COURT REPAIRS	TENNIS/BASKETBALL	090193150DB15.0017			5,885.				5,885.			0.
7 RENOVATION	FOOD PANTRY	110193SL	39.0017		7,518.				7,518.			193.
8 PAVING	VILLAGE SHOP	120193150DB15.0017			27,523.				27,523.			0.
9 ADDITION		090194SL	39.0017		33,000.				33,000.			846.
12 (D) SCORE BOARD		070195150DB15.0017			600.				600.			0.
13 PARK SIGN		110195150DB15.0017			596.				596.			0.
14 LOWER CONCESSION	VILLAGE SHOP	050195SL	39.0017		943.				943.			24.
15 ADDITION		030195SL	39.0017		8,279.				8,279.			212.
17 STONE SIGN		120196150DB15.0017			5,250.				5,250.			0.
18 SIGN		070197150DB15.0017			2,434.				2,434.			82.
20 POND FENCING		100197150DB15.0017			3,281.				3,281.			109.
21 FENCING		050198150DB15.0017			21,126.				21,126.			1,409.
22 TENNIS COURTS		100198150DB15.0017			41,360.				41,360.			2,757.

2012 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Exc	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
23 BASKETBALL COURTS	010199150DB15.0017				9,613.				9,613.	8,009.		642.
24 MOBILE HOME OFFICE	040199SL	39.0017			18,000.				18,000.	5,910.		462.
25 PAVILLION	060199150DB20.0017				14,938.				14,938.	9,337.		747.
26 PAVING	070199150DB15.0017				4,000.				4,000.	3,333.		267.
28 (D) MOWER	030100200DB7.00	17			6,415.				6,415.	6,415.		0.
30 EQUIPMENT	040100200DB7.00	17			588.				588.	588.		0.
31 AIR CONDITIONER	060100200DB7.00	17			2,285.				2,285.	2,285.		0.
32 AIR CONDITIONER	080100200DB7.00	17			2,373.				2,373.	2,373.		0.
33 SEWER LINE	110100150DB15.0017				18,908.				18,908.	14,495.		1,261.
34 TENNIS COURTS	070101150DB15.0017				88,741.				88,741.	62,117.		5,916.
OFFICE TRAILER	070101SL	39.0017			7,584.				7,584.	2,029.		194.
35 IMPROVEMENT	100101200DB7.00	17			2,627.				2,627.	2,627.		0.
AIR CONDITIONER	032002150DB15.0017				4,433.				4,433.	2,808.		295.
36 UNIT	032502SL	39.0017			50,000.				50,000.	12,368.		1,282.
40 WALKING TRAIL	060702200DB5.00	17			125.				125.	125.		0.
41 HISTORIC HOUSE	071102200DB7.00	17			341.				341.	341.		0.
44 REFRIGERATOR	082002200DB7.00	17			5,429.				5,429.	5,429.		0.
46 AIR CONDITIONER	082002200DB7.00	17			2,500.				2,500.	2,500.		0.
47 BENCHES	082002200DB7.00	17										
48 AIR CONDITIONER	082002200DB7.00	17										

2012 DEPRECIATION AND AMORTIZATION REPORT  
FORM 990 PAGE 10

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost or Basis	Bus % Exc	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
5020000	CHEVY VAN	030703200DB5.00	17	14,252.					14,252.			0.
52HOUSE IMPROVEMENTS		070803SL	39.00	17	16,583.				16,583.	3,595.		425.
54SHELTER REBUILD		091203SL	39.00	17	60,994.				60,994.	12,969.		1,564.
56ICE MACHINE		021104200DB5.00	17	2,314.					2,314.	2,314.		0.
57COMMUNITY BUILDING		021604SL	39.00	17	14,380.				14,380.	2,906.		369.
58BALLFIELD SHELTER		040904150DB15.00	17	2,918.					2,918.	1,488.		191.
60SHELTER HEAT & AIR		101104200DB7.00	17	1,500.					1,500.	1,500.		0.
61AIR CONDITIONER		101404200DB7.00	17	1,125.					1,125.	1,125.		0.
62OFFICE SAFE		122004200DB7.00	17	1,333.					1,333.	1,333.		0.
65(D)WEED EATER		041105200DB5.00	17	405.					405.	405.		0.
66HOUSE IMPROVEMENTS		041305SL	39.00	17	16,050.				16,050.	2,764.		412.
67METCALFE BUILDING		041505SL	39.00	17	434,054.				434,054.	74,673.		11,130.
69MOWER & TRAILER		090505200DB5.00	17	1,500.					1,500.	1,500.		0.
71(D)TRAILER		122005200DB7.00	17	3,700.					3,700.	3,457.		122.
72KITHCEN EQUIPMENT		041706200DB5.00	17	19,938.					19,938.	19,938.		0.
COMMUNITY CENTRE		050406SL	39.00	17	691,627.				691,627.	99,770.		17,734.
73IMPROVEMENTS		062206200DB5.00	17	11,125.					11,125.	11,125.		0.
BINGO ELECTRIC		070706200DB7.00	17	8,130.					8,130.	6,733.		931.
74BOARD												
76BINGO TABLES												

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
77	ALARM SYSTEM	071706200DB7.00	17	5,255.		5,255.		4,353.		601.		
78	PAVED PARKING LOT	072006150DB15.00	17	24,000.		24,000.		9,829.		1,492.		
80	GYM BLEACHERS	102706200DB7.00	17	5,158.		5,158.		4,272.		591.		
81	SPEAKER SYSTEM	102706200DB7.00	17	3,051.		3,051.		2,527.		349.		
SAFE (COMMUNITY												
82	CENTRE)	010407200DB7.00	17	399.		399.		303.		38.		
PLAYGROUND												
83	EQUIPMENT	032007150DB15.00	17	27,097.		27,097.		9,912.		1,719.		
84	LAWN MOWER	032907200DB5.00	17	2,193.		2,193.		2,051.		142.		
86	CABINETS	092807200DB7.00	17	999.		999.		757.		97.		
87	LEAF BLOWER	120507200DB5.00	17	115.		115.		108.		7.		
OFFICE CENTRAL HEAT												
88	& AIR	051308150DB15.00	17	4,000.		4,000.		1,230.		277.		
89	LAWN MOWER	051508200DB5.00	17	1,793.		1,793.		1,483.		207.		
90	ICE MACHINE	051608200DB5.00	17	582.		582.		481.		67.		
91	PICNIC TABLES	073108200DB7.00	17	4,717.		4,717.		3,243.		421.		
92	MICROWAVE OVEN	081108200DB7.00	17	390.		390.		268.		35.		
2007 CHEVROLET												
93	MALIBU	081908200DB5.00	17	11,950.		11,950.		9,885.		1,377.		
94	EXERCISE BIKES	091008200DB7.00	17	1,100.		1,100.		756.		98.		
95	COMPUTER	120808200DB5.00	17	757.		757.		626.		87.		
96	OTHER ASSETS	010190200DB7.00	17	610,525.		610,525.		610,525.		0.		

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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
97	LAND	010170L				60,418.			60,418.			0.
98	OFFICE FURNITURE - UTILITY VEHICLE -	011909200DB7.00	17		535.				535.	301.		67.
99	TORO WORKMAN 2100	031809200DB7.00	17		4,500.				4,500.	2,532.		562.
100	FREEZER FOOD PANTRY	040609200DB7.00	17		100.				100.	56.		13.
101	WOOD LAWN MOWER	081209200DB7.00	17		5,000.				5,000.	2,814.		625.
102	CASH REGISTER VS	120409200DB5.00	17		350.				350.	249.		40.
103	PHONE SYSTEM	021910200DB7.00	17		4,691.				4,691.	1,819.		821.
104	TITAN COMMERCIAL TRASH PUMP	022210200DB7.00	17		750.				750.	291.		131.
105	1999 UTILITY TRUCK COPIER - COMMUNITY	040510200DB5.00	17		3,500.				3,500.	1,820.		672.
106	CENTER	060710200DB7.00	17		630.				630.	244.		110.
107	LARGE CHARCOAL BARBECUE GRILL	070810200DB7.00	17		700.				700.	271.		123.
108	HISTORICAL SIGN	071410200DB7.00	17		2,075.				2,075.	804.		363.
109	AIR CONDITIONING UNIT - FITNESS CENTER	081010200DB7.00	17		4,550.				4,550.	1,764.		796.
110	NEW ROOF - VILLAGE SHOP	100110SL	39.0017		12,320.				12,320.	382.		316.
111	TITAN DIESEL 7500 GENERATOR	022210200DB7.00	17		2,000.				2,000.	776.		350.
112	INDUSTRIAL GAS GENERATOR	022210200DB7.00	17		1,500.				1,500.	581.		263.
113	TITAN GAS POWERED AIR COMPRESSOR	022210200DB7.00	17		500.				500.	194.		87.
114	TITAN PRESSURE WASHER	022210200DB7.00	17		550.				550.	214.		96.

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost or Basis	Bus % Exc	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
115	MITSUBISHI 65" HIGH DEFINITION TELEVIS	111611200DB7.00	17	700.		700.						0.
VISION FITNESS												0.
116T9800 TREADMILLS	101811200DB7.00	17		12,499.								0.
117CUB CADET TRACTOR	051911200DB7.00	17		2,100.								0.
VILLAGE SHOP												115.
118 IMPROVEMENTS - VINYLO41411SL	39.0017			4,500.								82.
VILLAGE SHOP												336.
119 IMPROVEMENTS - WIND090211SL	39.0017			13,085.								179.
												5,200.
120 PAVILLION ROOFING	093011SL	39.0017		7,000.								179.
LEFTWICH HALL												5,200.
121 FURNITURE	031212200DB7.00	19C		9,100.								7,429.
122 INFLATABLES	032212200DB7.00	19C		13,000.								1,000.
123 1993 FORD TRUCK	032212200DB5.00	19B		5,000.								500.
124 FORD AEROSTAR VAN	080312200DB5.00	19B		2,500.								378.
125 LAPTOP COMPUTER	050412200DB5.00	19B		630.								678.
REMODEL - LEFTWICH												
126 HALL	041012SL	39.0019I		37,316.								
* TOTAL 990 PAGE 10 DEPR				2641040.								78,431.