



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
ROTARY INTERNATIONAL
BOWLING GREEN NOON ROTARY CLUB
Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 31
City or town, state or province, country, and ZIP or foreign postal code
BOWLING GREEN, KY 42102

D Employer identification number
61-6054790
E Telephone number
(270) 782-0700
F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶
I Website: ▶ WWW.BGROTARY.COM
J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 126,023

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)		
Check if the organization used Schedule O to respond to any question in this Part I ☒		
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 1,500
	2 Program service revenue including government fees and contracts	2 14,243
	3 Membership dues and assessments	3 110,278
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory 5a	5c
	b Less cost or other basis and sales expenses 5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c	
	6 Gaming and fundraising events	6d
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b	
Expenses	c Less direct expenses from gaming and fundraising events 6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d	
	7a Gross sales of inventory, less returns and allowances 7a	7c
	b Less cost of goods sold 7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c	
	8 Other revenue (describe in Schedule O) 8 2	9
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9 126,023	
	10 Grants and similar amounts paid (list in Schedule O) 10	
	11 Benefits paid to or for members 11	12
	12 Salaries, other compensation, and employee benefits 12	
Net Assets	13 Professional fees and other payments to independent contractors 13 4,800	
	14 Occupancy, rent, utilities, and maintenance 14	15
	15 Printing, publications, postage, and shipping 15 6,098	
	16 Other expenses (describe in Schedule O) 16 111,557	
	17 Total expenses. Add lines 10 through 16 ▶ 17 122,455	18
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,568	
	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) 19 59,284	
	20 Other changes in net assets or fund balances (explain in Schedule O) 20 0	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21 62,852	

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	59,284	22	63,965
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	59,284	25	63,965
26 Total liabilities (describe in Schedule O)	0	26	1,113
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,284	27	62,852

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

☒

What is the organization's primary exempt purpose?
THE MISSION OF THE BOWLING GREEN ROTARY CLUB IS TO PROVIDE SERVICE TOOTHERS, TO PROMOTE HIGH ETHICAL STANDARDS, AND TO ADVANCE WORLDUNDERSTANDING, GOODWILL, AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS,PROFESSIONAL, AND COMMUNITY LEADERS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

See Additional Data Table

(Grants \$)

If this amount includes foreign grants, check here

☐

28a

29

(Grants \$)

If this amount includes foreign grants, check here

☐

29a

30

(Grants \$)

If this amount includes foreign grants, check here

☐

30a

31

Other program services (describe in Schedule O)

(Grants \$)

If this amount includes foreign grants, check here

☐

31a

32

Total program service expenses (add lines 28a through 31a)

☐

32

119,455

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV.

☐

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LINDA THOMAS PAST PRESIDENT	1 00	0	0	0
RICHARD MILLER PRESIDENT	5 00	0	0	0
WALTER HAWKINS PRESIDENT ELECT & DIRECTOR	1 00	0	0	0
RICK WILLIAMS SECRETARY	5 00	0	0	0
CLIFF LONG TREASURER	5 00	0	0	0
MIKE FUQUA SERGEANT-AT-ARMS	1 00	0	0	0
CHERYL ALLEN DIRECTOR	1 00	0	0	0
MATTHEW GARRETT DIRECTOR	1 00	0	0	0
TRAVIS KELLER DIRECTOR	1 00	0	0	0

Part VOther Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
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	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		0
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		0
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ KY		
42a	The organization's books are in care of ▶ THE ORGANIZATION Telephone no ▶ (270) 782-0700 Located at ▶ PO BOX 31 BOWLING GREEN, KY ZIP + 4 ▶ 42102		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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	*****		2016-09-30	
	Signature of officer		Date	
Paid Preparer Use Only	RICHARD MILLER, PRESIDENT			
	Type or print name and title			
	Print/Type preparer's name JAMES C LONG, CPA	Preparer's signature	Date 2016-09-29	Check ☐ if self-employed PTIN P00151643
	Firm's name CARR RIGGS & INGRAM LLC		Firm's EIN 72-1396621	
Firm's address 922 STATE STREET BOWLING GREEN, KY 421020104		Phone no. (270) 782-0700		
May the IRS discuss this return with the preparer shown above? See instructions				
Yes No				

Additional Data

Software ID:
Software Version:
EIN: 61-6054790
Name: ROTARY INTERNATIONAL
BOWLING GREEN NOON ROTARY CLUB

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 SUPPORTS THE OBJECTIVES AND IDEALS OF ROTARY INTERNATIONALAND SEEKS TO MAINTAIN A POSITION OF PREEMINENCE AMONGSERVICE ORGANIZATIONS IN THE BOWLING GREEN/SOUTH CENTRALKENTUCKY COMMUNITY THIS IS ACHIEVED THROUGH VARIOUSSOCIAL PROGRAMS (Grants \$ 0) If this amount includes foreign grants, check here . . . ▶ ☐		28a	108,643

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
29 FUND ADOPT-A-CLASS SCHOLARSHIPS (Grants \$ 0) If this amount includes foreign grants, check here ☐	29a	10,812

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: ROTARY INTERNATIONAL
BOWLING GREEN NOON ROTARY CLUB

EIN: 61-6054790

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015

**Open to Public
Inspection**

Name of the organization
ROTARY INTERNATIONAL
BOWLING GREEN NOON ROTARY CLUB

Employer identification number

61-6054790

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION INTEREST INCOME AMOUNT 2
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CONFERENCES AMOUNT 1,372 DESCRIPTION DUES AMOUNT 15,287 DESCRIPTION MEALS AMOUNT 68,350 DESCRIPTION CHRISTMAS PARTY AMOUNT 300 DESCRIPTION PINS,BUTTONS & GIFTS AMOUNT 1,184 DESCRIPTION SUSTAINING MEMBER EXPENSE AMOUNT 2,300 DESCRIPTION MISCELLANEOUS AMOUNT 1,257 DESCRIPTION ADOPT-A-CLASS AMOUNT 10,812 DESCRIPTION CHARITIES AND INTERNATIONAL PROJECTS AMOUNT 3,402 DESCRIPTION SERVICE PROJECT AMOUNT 7,293 TOTAL TO FORM 990-EZ, LINE 16 111,557

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ADOPT-A-CLASS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,113