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A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

OMB No. 1545-1150

2017

Open to Public Inspection

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

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

J Tax-exempt status(check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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 ▶ \$ 148,218

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

Form **990-EZ** (2017)

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	63,120	22	72,622
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	63,120	25	72,622
26 Total liabilities (describe in Schedule O).	4,115	26	5,830
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	59,005	27	66,792

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here ☐

28a

29
See Additional Data Table

(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)

32 137,576

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
CHERYL ALLEN	1 00	0	0	0
PAST PRESIDENT				
TRAVIS KELLER	5 00	0	0	0
PRESIDENT				
MATTHEW GARRETT	1 00	0	0	0
PRESIDENT ELECT & DIRECTOR				
RICK WILLIAMS	5 00	0	0	0
SECRETARY				
CLIFF LONG	5 00	0	0	0
TREASURER				
MIKE FUQUA	1 00	0	0	0
SERGEANT-AT-ARMS				
ALAN PALMER	1 00	0	0	0
DIRECTOR				
BRIAN GUGLER	1 00	0	0	0
DIRECTOR				
MATTHEW GARRETT	1 00	0	0	0
DIRECTOR				
JANETTE BOEHMAN	1 00	0	0	0
DIRECTOR				

Part V Other 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	46	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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

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	***** Signature of officer		2018-11-09 Date		
	MATTHEW GARRETT, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JAMES C LONG CPA	Preparer's signature	Date 2018-11-08	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 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.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 SUPPORTS THE OBJECTIVES AND IDEALS OF ROTARY INTERNATIONAL AND SEEKS TO MAINTAIN A POSITION OF PREEMINENCE AMONG SERVICE ORGANIZATIONS IN THE BOWLING GREEN/SOUTH CENTRAL KENTUCKY COMMUNITY THIS IS ACHIEVED THROUGH VARIOUS SOCIAL PROGRAMS (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐	28a	128,539

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

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.

Expenses
(Required for section 501
(c)(3) and 501(c)(4)
organizations; optional
for others.)

29 FUND ADOPT-A-CLASS SCHOLARSHIPS

(Grants \$ 0)

If this amount includes foreign grants, check here . . . ►

29a

9,037

TY 2017 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

Name of the organization
ROTARY INTERNATIONAL
BOWLING GREEN NOON ROTARY CLUB

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.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

61-6054790

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION ANNUAL CHRISTMAS PARTY AMOUNT 150 DESCRIPTION CONFERENCES AMOUNT 910 DESCRIPTION INTERNATIONAL & DIST DUES AMOUNT 15,799 DESCRIPTION MEALS AMOUNT 68,436 DESCRIPTION MISCELLANEOUS AMOUNT 719 DESCRIPTION POLIO PLUS AMOUNT 2,000 DESCRIPTION ROTARY PINS, BUTTONS, & GIFTS AMOUNT 1,690 DESCRIPTION SUSTAINING MEMBER EXPENSE AMOUNT 13,996 DESCRIPTION ROTARY FOUNDATION AMOUNT 1,000 DESCRIPTION GOLF TOURNAMENT EXPENSES AMOUNT 3,697 DESCRIPTION ADOPT-A-CLASS EXPENSE AMOUNT 9,037 DESCRIPTION CHARITIES AMOUNT 1,136 DESCRIPTION SCREAMING EAGLE HONOR FLIGHT AMOUNT 500 DESCRIPTION SERVICE PROJECT AMOUNT 10,201 DESCRIPTION SOUND SYSTEM AMOUNT 222 DESCRIPTION HURRICANE HARVEY RELIEF EXPENSE AMOUNT 600 TOTAL TO FORM 990-EZ, LINE 16 130,093

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION PRIOR PERIOD ENTRY AMOUNT 145

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ADOPT-A-CLASS LIABILITY BEG OF YEAR AMOUNT 105 END OF YEAR AMOUNT 0 DES CRPTION AVIATION HERITAGE LIABILITY BEG OF YEAR AMOUNT 1,100 END OF YEAR AMOUNT 0 DESCRIPTION BG CHAMBER LIABILITY BEG OF YEAR AMOUNT 200 END OF YEAR AMOUNT 0 DESCR PTION SHOE PROJECT LIABILITY BEG OF YEAR AMOUNT 2,500 END OF YEAR AMOUNT 0 DESCRIPT ION OTHER PAYABLES BEG OF YEAR AMOUNT 210 END OF YEAR AMOUNT 0 DESCRIPTION WATER P ROJECT LIABILITY BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 2,900 DESCRIPTION ROTARY F FOUNDATION LIABILITY BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 2,930