Form 990	
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Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or th	e 2018 calendar year, or tax year beginning and e	ending		
B c	heck if pplicat	e: C Name of organization		D Employer identific	cation number
	Addr	UNITED STATES BOWLING CONGRESS, INC.			
	Name Chan	· · · · · · · · · · · · · · · · · · ·		20-1	224922
	Initia		Room/suite	E Telephone number	
	Final	621 SIX FLAGS DRIVE			514-2695
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	34,547,103.
	Amer	ARLINGION, IX 70011		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: CHAD MORFHI		for subordinates	? Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) o	or 527	If "No," attach a	list. (see instructions)
		te: • WWW.BOWL.COM		H(c) Group exemption	
		f organization: X Corporation Trust Association Other ►	L Year	of formation: 2004 N	State of legal domicile: WI
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: <u>TO DE</u>			
Governance		PARTICIPATION IN THE SPORT OF BOWLING, OV			-
ern	2	Check this box if the organization discontinued its operations or dispose		1.1	ets. 19
Š	3				19
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			119
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		·····	21000
Activities &		Total number of volunteers (estimate if necessary)			292,113.
A		Net unrelated business taxable income from Form 990-T, line 38			0.
	<u> </u>		<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		15,010,831.	16,276,619.
nue	9	Program service revenue (Part VIII, line 2g)		18,544,261.	16,774,703.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		510,891.	441,919.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,222,311.	943,668.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		35,288,294.	34,436,909.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,129,549.	777,073.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ $ .		8,086,981.	8,953,687.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,366,870.	23,834,586.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		35,583,400.	33,565,346.
	19	Revenue less expenses. Subtract line 18 from line 12		-295,106.	871,563.
S OF			Be	ginning of Current Year	End of Year
sset Salar	20	Total assets (Part X, line 16)	······	46,743,881.	47,563,979.
Net Assets (	21	Total liabilities (Part X, line 26)		20,237,371.	20,803,388.
ž.	22	Net assets or fund balances. Subtract line 21 from line 20		26,506,510.	26,760,591.

| Part II | Signature Block

T,

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	Signature of officer	Date
Here	CHAD MURPHY, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	KIMBERLY ANDERSON KIMBERLY ANDERSON 11/12	2/19 self-employed P00188889
Preparer	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 🕨 41-0746749
Use Only	Firm's address 🔈 8215 GREENWAY BOULEVARD, SUITE 600	
	MIDDLETON, WI 53562	Phone no. 608-662-8600
May the IF	S discuss this return with the preparer shown above? (see instructions)	X Yes No
832001 12-3	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		D STATES BOWLING Service Accomplishmen		20-122	24922 Page 2
Far		-			
		a response or note to any line in	this Part III		<u></u>
1	Briefly describe the organization's m				
	TO DEVELOP INTERES				
	OVERSEEING COMPETI	TION, AND PROVID	ING PROGRAMS AND	SERVICES TO	ITS
	MEMBERSHIP.				
2	Did the organization undertake any s	significant program services duri	ng the year which were not liste	d on the	
					Yes X No
	If "Yes," describe these new services				
3	Did the organization cease conducting		in how it conducts, any progran	n services?	Yes X No
	If "Yes," describe these changes on				
4	Describe the organization's program				
	Section 501(c)(3) and 501(c)(4) organ	nizations are required to report th	ne amount of grants and allocati	ons to others, the total ex	(penses, and
	revenue, if any, for each program ser				
4a		7,604,492. including gra	nts of \$		<b>5,319,523.</b> )
	UNITED STATES BOWL	-			
	DEVELOP INTEREST A				
	COMPETITIONS, AND	PROVIDE PROGRAMS	AND SERVICES TO	ITS MEMBERSH	IP.
4b	(Code: ) (Expenses \$	including gra	nts of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including gra	nts of \$	) (Revenue \$	)
4d	Other program services (Describe in	Schedule O.)			
_	(Expenses \$	including grants of \$	) (Revenue \$		)
4e	Total program service expenses	27,604,492.			
	· · · · · · · · ·				Form <b>990</b> (2018)
832002	12-31-18				
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Form 990 (	2018)		UNITI	ΞD	STATE
Part IV	Check	list of	Required	Sc	hedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		<u> </u>
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	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
•	Schedule D, Part III	8		<u></u>
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?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
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	11b	х	
с	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	11c		х
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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	12b		_X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
18		18		х
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
13		19		х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
332003	12-31-18			(2018)

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FUIII	990	(2018)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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	Х	
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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
h	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			
		25b		x
26	Schedule L, Part I	250		- 23
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, bighest componented employees, or directalified percents?			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		x
07	complete Schedule L, Part II	26		<b>^</b>
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		v	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Х	
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):		v	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	v
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
~~	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			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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		37	
	Part V, line 1	34	X	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		X
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	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		<u> </u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Dor	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4788	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u>1c</u>	X QQA	(2018)
832004	12-31-18 <b>4</b>	rorm	550	(2018)

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Form 990 (2018)				CONGRESS,	
Part V Statements	s Regarding C	Other IRS F	ilings and Ta	ax Compliance	(continued)

a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c         14a       14a         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b				Yes	No
Itel of the calendary year ending with or within the year covered by this return     2a     11.9       In the if all estion or is reported on the Sa, did the organization fiel all required to deval engloyment tax returns?     2b       3a     Did the organization has unable that settings?     2b       3b     Diff the organization has unable that settings?     2b       3a     Diff the organization has unable that settings?     2b       3b     X     2a       4a     A may time during the calendar year, did the organization has are interest in, or a signature or the authority over, a transidial account, securits securits, or there financial accounts (FEAR).       5c     See instructions for filling requiration that it was or is a party to a prohibited tax sheller transaction at any time during the tax year?     5a       5c     Did any taxabul grean accidity the organization has that are normally greater than \$10,000, and did the organization solid at the organization any time during the tax year?     5a       5c     Did any taxabul grean accidity the organization has that are normally greater than \$10,000, and did the organization solid at the organization and any trans organization at a way time during the tax year?     5a       6d     V     Yes, 'and the organization has that are normally greater than \$10,000, and did the organization solid tax deductible contributions on dras section \$70(0).     7a       7     V Yes, 'and the organization near the account security organization are explored to the payer?     7a     X       7 </th <th>2a</th> <th>Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,</th> <th></th> <th></th> <th></th>	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e_r/sp (see instructions)         Image: Sec instruction alway unrelated business gross income of \$1,000 or more during the year?         Image: Sec instructions of this year?         Image: Sec instructions for this year year with the organization file form 888377         Image: Sec instructions for this year?         Image: Sec instructions for the organization file form 888377         Image: Sec instructions for the organization file form 888377         Image: Sec instructions for the organization file form 888377         Image: Sec instructions for the organization file form 888377         Image: Sec instructions for the organization file form 888277         Image: Sec instructions for the organization file form 888377         Image: Sec instructions for the organization file form 68978         Image: Sec instructions for the organization file form 689787         Image: Sec instructions form form form form form f		110			
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If Yes, "has it field a Form 990-T for this year? If 'Wo'to <i>in 8b, provide an axplanation</i> in Schedule O       3b       X         c       At any time during the calendary year, did the organization have an interest in, or a signature or other authomity over, a financial account?       4a       X         b       If Yes, "ent the name of the foreign country, such as a bank account, securities account, or other financial accounts (FBAP).       5a       X         c       If Yes, "inter the name of the organization finance in any time during the tax yea?       5a       X         b       Was the organization finance in the row sectors?       5a       X         c       If Yes, "in the organization finance organization finance in the save part?       5a       X         c       If Yes, "in the organization finance organization organization organization organization	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b       If Yes, 'has filled a form 980 T for fills year?' <i>P</i> Mo't for <i>By</i> , provide an exploration in Schedule 0       3b       X         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 forsign country (such as bank account, securities account, or other financial account)?       4a       X         b       If 'Yes, 'enter the name of the forsign country, Such as bank account, securities account, or other financial account)?       5a       X         5b       D dary taxations for filling requirest, or that was or is a party to a prohibited tax shelter transaction?       5a       X         5b       D dary taxation and gross received tax as or is a party to a prohibited tax shelter transaction?       5c       3c       X         61       D dary taxation and gross received tax as or is a party to a prohibited tax shelter transaction?       5c       3c       X         7       Vest to line 5a or 5b, did the organization hat was or is a party to a prohibited tax shelter transaction?       5c       3c       X         7       Vest, 'id the organization nall casc of 5f made party as a contribution and party to good and services provided to the payor?       7a       X         7       Tex, 'id the organization nall casc of for made party as a contribution and party to a party bind tax shelter transaction?       7a       X         8       Did the organization selex of 5f made party as a c		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a       At any time during the calendar year, (a) if the organization have an interest in, or a signature or other authority over, a       francial account in a foreign country.       4a       X          bit if "vss," inter the name of the origin country.       Image: Second Seco	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
4       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) a foreign country (such as a bank account, securities account, or other financial account)?       4       X         b       If "ves," enter the name of the foreign country:       5       X         b       Was the organization aparty to a prohibited tax shelter transaction at any time during the tax yea?       5       X         b       If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5       X         c       If "ves' to ite faor 50, did the organization florem 888.77       5       X         c       Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wen apreceive deductible contributions?       5       X         b       If "ves," idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7       X         d       If "ves," ididate the unamber of Forms 8282 filed during the year party maint indiceta, or a personal beneft contract?       7       X         d       If "ves," indicate the number of Forms 8282 filed during the year?       7       X       X         fil the organization neceive any funds, directly or indirectly, to pay premiums on a personal beneft contract?       7       X	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
b       If "Yes," enter the name of the foreign country.       >         See instructors for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),       5a       X         b       Was the organization aper yot to a prohibited shelter transaction?       5b       X         c)       If "ves," on the Ga or 5b, did the organization flip Form B8B-7?       5c       X         c)       If "ves," on the organization include with every solicitation are press statement that such contributions or gifts       5a       X         c)       If "ves," oild the organization include with every solicitation are press statement that such contributions or gifts       6a       X         b       If "ves," did the organization include with every solicitation are press statement that such contributions or gifts       6a       X         b       If "ves," did the organization include with every solicitation are press statement that such contributions or gifts       7a       X         b       If "ves," did the organization include with every solicitation are press statement that such contributions or gifts       7a       X         b       If "ves," did the organization include with every solicitation are press statement that such contributions or gifts       7a       X         b       Did the organization neicke staps of 155 made parity is a contribution of ansi					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Sa Was the organization aparty to a prohibited tax shelter transaction?       5a         Vers' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5b         C If 'Ves' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5b         D Obart to organization near numal gross receipts that are normally greater than \$100,000, and did the organization site any contributions that ween ot tax deductible as charitable contributions?       5b         J If 'Ves', 'idit the organization null gross receipts that are normally greater than \$100,000, and did the organization solution aparty for goods and services provided to the part?       7c         Vest, 'idit the organization notify the donor of the value of the goods or services provided?       7c       X         T 'ves, 'idit the organization notify the donor of the value of the goods or services provided?       7c       X         If 'ves, 'idit cas the number of Forms 8282 filed during the year       2d       7c       X         If the organization receive a party tods, directly or indirectly, no a personal benefit contract?       7c       X         If the organization receive a party tods, directly or indirectly, no a personal benefit contract?       7d       X         If the organization receive a contribution of qaurellide intellectuation qarellide intellectu		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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?     5a     X       c     Does the organization have annual gross necepits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable 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?     7a     X       c     Organization state my crecive deductible contributions and party for goods and services provided?     7b     7c     X       d) If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b     7c     X       d) If "Yes," did the organization receive any tonds, directly or indirectly, on a personal benefit contract?     7t     X       d) If the organization receive any tonds, directly or indirectly, on a personal benefit contract?     7t     X       f) If the organization received a contribution of ass, back, airplanes, or other vehicles, did the organization file Form 8082?     7d     X       f) If the organization received a contribution of ass, back, airplanes, or other vehicles, did the organization file Form 8082?     7d     X       f) If the organization received a contribution of ass, bacis, airplanes, or other vehicles, did the organization fil	b	If "Yes," enter the name of the foreign country: ►			
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 life Form 8886 T7       5c       5c         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were not tax deductible as charitable contributions?       5c       5c         d       If "Yes," idd the organization needs payment in excess of \$57 made party as contribution and party for goods and services provided to the payor?       7c         d       Did the organization needs payment in excess of \$57 made party as contribution and party for goods and services provided to the payor?       7c       X         d       Did the organization needs payment in excess of \$57 made party as continuous on a parsonal benefit contract?       7c       X         d       If Yes," idd the organization needs pay my funds, directly or indirectly, to ap personilar poneth contract?       7c       X         d       Did the organization neceve a acontribution or cas, boats, apingenes, or ther values, dith eorganization full       7d       X         g       the organization neevere a contribution or cas, boats, apingenes, or ther values, dith eorganization full       7d       X         g       Sponsoring organization make a pay taxable distributions under section 49667       9a       9a       9a       9a		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c       If "Yes" to line 5a or 5b, did the organization file Form 8886.7?       5c         6D       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 chartable contributions?       5c         7       Organizations that may receive deductible contributions under section 170(c).       7d       X         8       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7d       X         10       If were not tax deductible?       7d       X       X         11       If were not tax deductible contributions under section 170(c).       7d       X         10       If were not tax deductible?       7d       X         11       If were not tax deductible or the goods or services provided?       7d       X         11       If were not tax deductible?       7d       X         11       the organization notify the donor of the value of the goods or services provided?       7d       X         11       the organization notify the donor of the value of the goods or services provided?       7d       X         11       the organization notify the donor of the value of the goods or service provided?       7d       X         11       the organization neceived a contribution or dawised funds. Did a donor advised fu					
60       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       I'Yes, ''did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible contributions under section 170(c).       6b       6c         a       Did the organization self.exchange, or otherwise dispose of tangible personal property for which it was required to the payor?       7a       X         b       I'Yes, ''did the organization notify the donor of the value of the globe personal property for which it was required to file Form 8282?       7c       X         d       I'Yes, ''did the organization notify the donor of the value of the globe personal property for which it was required to file Form 8282?       7c       X         d       I'Yes, ''did chact the number of Forms 8282 filed during the year       7d       X         f       I'the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f       I'the organization neceive any count during the year, pay premiums, directly or indirectly, or a personal benefit contract?       7r       X         f       I'the organization neceive any funds, directly or indirectly, or a personal benefit contract?       7r       X         f       I'the organization make any tavable distribution and ac					X
any contributions that were not tax deductible as chartable contributions?     6a     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gilts     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a     X       a     Did the organization notify the donor of the value of the goods or services provided?     7a     X       b     If "Yes," idic the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7a     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7a     X       d     Did the organization receive any funds, directly or indirectly, or indirectly, or apersonal benefit contract?     7f     X       f     Did the organization advised funds. Did a donor advised fund anitatined by the sponsoring organization maintaining door advised funds. Did a donor advised fund anitatined by the sponsoring organization maintaining door advised funds.     9a     9a       9     Sponsoring organization. Enter:     11a     10a     10b     11a       1     Section 501(c)(2) organization. Enter:     11a     10a     10b     11a       1     Section 501(c)(2) organization. Enter:     11a     10a     10a     11a			5c		
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization receive a payment in excess of 3/5 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," field the organization natify the donor of the value of the goods or services provided?       7c       X         d       If "Yes," field the organization neceive a payment in excess of 3/5 made partly as a contribution of the value of the goods or services provided?       7c       X         d       If "Yes," field the organization neceive a payment in excess of 4/5 made partly as a contribution of the goods or services provided?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If the organization received a contribution of qualified intelectual property (or which it was required?       7f       X         d       If the organization neceives a contribution of qualified intelectual property (or which fier Sm 8899 as required?       7h       X         f       If the organization neceives a contribution of qualified intelectual property (or during the year?       9       Sponsoring organization make and stribution to a donor, donor advised, fund maintained by the sponsori	6a		•		v
were not tax deductible?         6b           7 Organizations that may receive deductible contributions under section 170(c).         7a         X           7 Did the organization receive appromet in execuse 01576 made partly as a contribution and partly for goods and services provided to the part         7a         X           7 If "Yes," did the organization notify the donor of the value of the goods or services provided?         7c         X           7 If "Yes," indicate the number of Forms 8282 filed during the year         7d         7c         X           7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?         7r         X           7 Did the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization free/organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization free/organization maintaining door advised funds.         7g         X           8 Sponsoring organization maintaining door advised funds.         8         9         9a         9a </th <th></th> <th>,</th> <th>6a</th> <th></th> <th>_A</th>		,	6a		_A
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization neetive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?       7a       X         0       b) if 'Yes, '' did the organization notify the donor of the value of the goods or services provided?       7d       X         c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       X         d) If 'Yes, '' indicate the number of Forms 8282 filed during the year       7d       Z       X         d) If 'Yes, '' indicate the number of Forms 8282 filed during the year       7d       X       Y         d) If 'Yes, '' indicate the number of Forms 8282 filed during the year       7d       X       Y         d) If the organization received a contribution of qualified intelectual property. (did the organization file a Form 1098-C?       7h       X         g) If the organization received a contribution of qualified intelectual property. (did the organization file a Form 1098-C?       9h       9         g) Sponsoring organization maintaining donor advised funds.       1D a       10b       8         g) Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         g) Sociens form (Form the ansot ributions included on Part VIII, line 12.       10a       10a	D		ch		
a       Did the organization necisive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b       If 'Yes,'' did the organization netify the donor of the value of the goods or services provided?       7b       ////         c       Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If 'Yes,'' indicate the number of Forms 8282 filed during the year	7		do		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year			72		x
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       I''es, "indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?       7f       X         f       Did the organization smintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       8         g       Sponsoring organizations maintaining donor advised funds.       10a       9       9a       9a         g       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a					
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t       X         f the organization received a contribution of quilified intellectual property, did the organization file Form 8898 as required?       7t       X         f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         8 Sponsoring organization maintaining donor advised funds.       8       9       9         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9         9 Did the sponsoring organization make a distribution to a donor advisor, or related person?       9b       9b         10 the sponsoring organizations. Enter:       10a       10b       9a       9b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b       10b       10c			10		
d       If "Yes," indicate the number of Forms 8282 filed during the year       Id	•		7c		х
e       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organization have excess business holdings at any time during the year?       8       8       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       10         10       the sponsoring organization make any taxable distributions under section 4966?       9a       9b       10         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       11b       12a	d				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9b       9b       9b       9c			7e		Х
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         0       Section 501(c)(7) organizations. Enter:       10a       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       11a       12a       12a         b       Gross income from members or shareholders       11a       12a       12b       12a       12	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross income from members or shareholders       11a       10b       10b         c Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       if "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization in file health plans       13a       13a         C Enter the amount of reserves the organ	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a Did the sponsoring organizations make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(7) organizations. Enter:       11a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         128       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b If "Yes," has it field a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14a       X         140       Uid the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         a Is the organization licensed to issue qualified health plans in more than one state?       12a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves on hand       13a         14a       X         15 Is the organization subject to the section 4968 excise tax on net investment income?       14a         15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       15		sponsoring organization have excess business holdings at any time during the year?	8		
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11b         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         c       Enter the amount of reserves the organization must report on Schedule O.       13a <t< th=""><th>9</th><th>Sponsoring organizations maintaining donor advised funds.</th><th></th><th></th><th></th></t<>	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   11 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   13 Section 501(c)(22) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note. See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?   14a X   15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?   15 Is the organization an educational information subject to the section 4968 excise tax on net investment income?					
a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13a       14a         14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14b       14b         15 Is the organization and file Form 4720, Schedule N.       15       X       16       X			9b		
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         144       Did the organization subject to thes equipments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the					
11       Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c Enter the amount of reserves on hand       13c       14a       X         b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14b       14b         s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         if "Yes," see instructions and file Form 4720, Schedule N.       15					
a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a         14a       X       14b         15       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b         15       X         16       X					
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13b       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 14a       X         b       If "Yes," see instructions and file Form 4720, Schedule N.       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X         If "Yes," see instructions and file Form 4720, Sched					
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b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13b       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X	12a	/	12a		
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excess parachute payment(s) during the year?			14b		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		•
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Form **990** (2018)

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Form 990	(2018)
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#### TNC

<u>⊢orm</u>	990 (2018) UNITED STATES BOWLING CONGRESS, INC.		20-1224			age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	rough 7	b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See ins	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	19	-		
	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.		1.0			
b	Enter the number of voting members included in line 1a, above, who are independent	<u> </u>	18	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the		•			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		X X
5	Did the organization become aware during the year of a significant diversion of the organization's asso			5	X	
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				x	
L.	more members of the governing body?			7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			76		x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7b		
8		-	-	80	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b	X	
U U	Lach committee with autionty to act of behall of the governing body?					
٥	Is there any officer director trustee, or key employee listed in Part VII. Section A, who cannot be read			00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at	the			x
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ched at	the	9		x
		ched at	the			
Sec	organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> tion B. Policies (This Section B requests information about policies not required by the Internal Rev	ched at	the	9	Yes	X
<b>Sec</b> 10a	organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O tion <b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Rev</i> Did the organization have local chapters, branches, or affiliates?	ched at	the Code.)		Yes	
<b>Sec</b> 10a	organization's mailing address? If "Yes," provide the names and addresses in Schedule O         tion B. Policies (This Section B requests information about policies not required by the Internal Rep         Did the organization have local chapters, branches, or affiliates?         If "Yes," did the organization have written policies and procedures governing the activities of such chapters	ched at	the Code.)	9	Yes	
Sec 10a b	organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O tion <b>B. Policies</b> ( <i>This Section B requests information about policies not required by the Internal Rev</i> Did the organization have local chapters, branches, or affiliates?	venue ( apters,	the Code.) affiliates,	9 10a	Yes X	
Sec 10a b	organization's mailing address? If "Yes," provide the names and addresses in Schedule O         tion B. Policies       (This Section B requests information about policies not required by the Internal Regulation have local chapters, branches, or affiliates?         Did the organization have local chapters, branches, or affiliates?       If "Yes," did the organization have written policies and procedures governing the activities of such chapters and branches to ensure their operations are consistent with the organization's exempt purposes?	venue ( apters,	the Code.) affiliates,	9 10a 10b	Yes X	No
<b>Sec</b> 10a b	organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O tion B. Policies ( <i>This Section B requests information about policies not required by the Internal Rev</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such cha and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body	venue ( apters, before	the <i>Code.)</i> affiliates, e filing the form?	9 10a 10b	Yes X	No
Sec 10a b 11a b	organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O tion B. Policies ( <i>This Section B requests information about policies not required by the Internal Ref</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such cha and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990.	venue ( apters,	the Code.) affiliates, e filing the form?	9 10a 10b 11a	Yes X X	No
<b>Sec</b> 10a b 11a b 12a b	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i> <b>tion B. Policies</b> <i>(This Section B requests information about policies not required by the Internal Rev</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such cha and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> "No," go to line 13	venue ( apters, before to confl	the <u>Code.</u> ) affiliates, affiling the form? icts?	9 10a 10b 11a 12a	Yes X X X	No
<b>Sec</b> 10a b 11a b 12a b	organization's mailing address? <i>If</i> "Yes," provide the names and addresses in Schedule O tion B. Policies ( <i>This Section B requests information about policies not required by the Internal Rev</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such cha and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	venue ( apters, v before to confl 'es," de	the <i>Code.)</i> affiliates, affiling the form? icts? <i>escribe</i>	9 10a 10b 11a 12a	Yes X X X X X X	No
<b>Sec</b> 10a b 11a b 12a b	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i> tion B. Policies ( <i>This Section B requests information about policies not required by the Internal Rev</i> Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such cha and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y</i>	venue ( apters, v before to confil és, " de	the <i>Code.)</i> affiliates, e filing the form? icts? <i>icts?</i>	9 10a 10b 11a 12a 12b	Yes X X X X X X X	No
<b>Sec</b> 10a b 11a b 12a c	organization's mailing address? If "Yes," provide the names and addresses in Schedule O         tion B. Policies       (This Section B requests information about policies not required by the Internal Regimestion and the organization have local chapters, branches, or affiliates?         Did the organization have local chapters, branches, or affiliates?       If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?         Has the organization provided a complete copy of this Form 990 to all members of its governing body         Describe in Schedule O the process, if any, used by the organization to review this Form 990.         Did the organization have a written conflict of interest policy? If "No," go to line 13         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise         Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y         in Schedule O how this was done         Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?	venue ( apters, v before to confil és, " de	the <i>Code.)</i> affiliates, e filing the form? icts? <i>icts?</i>	9 10a 10b 11a 12a 12b 12c	Yes X X X X X X	No
<b>Sec</b> 10a b 11a b 12a c 13	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses in Schedule O</i> <b>tion B. Policies</b> <i>(This Section B requests information about policies not required by the Internal Ref</i> Did the organization have local chapters, branches, or affiliates?	venue ( apters, v before to confil és, " de	the <i>Code.)</i> affiliates, e filing the form? icts? <i>icts?</i>	9 10a 10b 11a 12a 12b 12c 13	Yes X X X X X X X	No
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Sec 10a b 11a b 12a b c 13 14 15	organization's mailing address? If "Yes." provide the names and addresses in Schedule O         tion B. Policies       (This Section B requests information about policies not required by the Internal Regiments)         Did the organization have local chapters, branches, or affiliates?       If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?         Has the organization provided a complete copy of this Form 990 to all members of its governing body         Describe in Schedule O the process, if any, used by the organization to review this Form 990.         Did the organization have a written conflict of interest policy? If "No," go to line 13         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise         Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Y         in Schedule O how this was done         Did the organization have a written document retention and destruction policy?         Did the organization have a written document retention and destruction policy?         Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization	venue ( apters, v before to confl fes, " de	the <u>Code.</u> ) affiliates, e filing the form? icts? escribe	9 10a 10b 11a 12a 12b 12c 13 14	Yes X X X X X X X X	No
Sec 10a b 11a b 12a c 13 14 15 a b	organization's mailing address? If "Yes," provide the names and addresses in Schedule O         tion B. Policies (This Section B requests information about policies not required by the Internal Regimed States)         If "Yes," did the organization have local chapters, branches, or affiliates?         If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?         Has the organization provided a complete copy of this Form 990 to all members of its governing body         Describe in Schedule O the process, if any, used by the organization to review this Form 990.         Did the organization have a written conflict of interest policy? If "No," go to line 13         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise         Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y         in Schedule O how this was done         Did the organization have a written document retention and destruction policy?         Did the organization have a written document retention and destruction policy?         Did the organization have a written document retention and destruction policy?         Did the organization have a written document retention and destruction policy?         Did the organization have a written document retention and destruction policy?         Did the organization have a written operoneous substantiation of the deliberation and decision?<	venue ( apters, v before to confi íes, " de	the Code.) affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affil	9 10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X X X X X X	No
Sec 10a b 11a b 12a c 13 14 15 a b	organization's mailing address? If "Yes." provide the names and addresses in Schedule O         tion B. Policies       (This Section B requests information about policies not required by the Internal Regiments)         Did the organization have local chapters, branches, or affiliates?       If "Yes," did the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with the organization's exempt purposes?         Has the organization provided a complete copy of this Form 990 to all members of its governing body         Describe in Schedule O the process, if any, used by the organization to review this Form 990.         Did the organization have a written conflict of interest policy? If "No," go to line 13         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise         Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Y         in Schedule O how this was done         Did the organization have a written document retention and destruction policy?         Did the organization have a written document retention and destruction policy?         Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization	venue ( apters, v before to confi íes, " de	the Code.) affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affiliates, affil	9 10a 10b 11a 12a 12b 12c 13 14 15a	Yes X X X X X X X X X X	No

	exempt status with respect to such arrangements?
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

#### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed  $\blacktriangleright$ WI

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.
	X Own website X Another's website X 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, address, and telephone number of the person who possesses the organization's books and records
	$F_{PTC}$ KAMMIAH _ 800_511_2605

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76011 ΤХ 621 SIX FLAGS DRIVE, ARLINGTON,

832006 12-31-18

6 2018.05000 UNITED STATES BOWLING CON 039-0411

16b

Form 990 (2		20-1224922	Page 1							
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe	nsated								
	Employees, and Independent Contractors									
	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Comple	1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	<b>C)</b> itior			(D)	(E)	(F)
Name and Title	Average hours per	box	not cl , unles	heck ss per	more rson i	than o s both	an	Reportable compensation	Reportable compensation	Estimated amount of
	week		cer an	d a d	irecto	r/trus	tee)	from	from related	other
	(list any hours for	directo				5		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	Istee			insate		(W-2/1099-MISC)		organization
	organizations	l trus	nal tru		oyee	ompe				and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KARL KIELICH	2.50									
PRESIDENT	2.00	Х		Х				0.	0.	0.
(2) KAREN JOST	2.50									
VICE-PRESIDENT		Х		Х				0.	0.	0.
(3) MIKE CANNINGTON	2.50									
DIRECTOR		Х						0.	0.	0.
(4) JAY DARYMAN	2.50									
DIRECTOR		Х						0.	0.	0.
(5) JO DIMOND	2.50									
DIRECTOR		Х						0.	0.	0.
(6) CORNELL JACKSON	2.50									
DIRECTOR		Х						0.	0.	0.
(7) JOSIE BARNES	2.50									
DIRECTOR		Х						0.	0.	0.
(8) CATHY DESOCIO	2.50									
DIRECTOR		Х						0.	0.	0.
(9) KELLY KULICK	2.50									
DIRECTOR		Х						60,001.	0.	0.
(10) MARK MARTIN	2.50									
DIRECTOR		Х						0.	0.	0.
(11) MELISSA MCDANIEL	2.50									
DIRECTOR		Х						0.	0.	0.
(12) ADAM MITCHELL	2.50									
DIRECTOR		х						0.	0.	0.
(13) DENNIS HACKER	2.50									_
DIRECTOR		х						0.	0.	0.
(14) BILL O'NEILL	2.50									_
DIRECTOR		Х						0.	0.	0.
(15) RHINO PAGE	2.50									_
DIRECTOR		Х						0.	0.	0.
(16) RANDY THOMPSON	2.50	l						_	_	
DIRECTOR	2.00	Х						0.	0.	0.
(17) JEFF USSERY	2.50	l						_	_	
DIRECTOR		Х						0.	0.	0.
832007 12-31-18				_	_					Form <b>990</b> (2018)

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UNITED STATES BOWLING CONGRESS, INC. 20-1224922 Page 8

Form 990 (2018) UNITED ST	PATES BC	WL	ιN	G	CO	NG	RE	ESS, INC.	20-122	24922	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)		(F)
Name and title	Average			Posi	ition			Reportable	Reportable		imated
	hours per		not cl , unles					compensation	compensation		ount of
	week		cer an					from	from related		other
	(list any	ctor						the	organizations		ensation
	hours for	· dire				- R		organization	(W-2/1099-MISC	) fro	om the
	related	ee 01	Istee			nsat		(W-2/1099-MISC)		orga	inization
	organizations	Individual trustee or director	Institutional trustee		yee	a mo				and	related
	below	idual	tutior	er	mplc	est ci loyee	ler			orgar	nizations
	line)	Indiv	Insti	Officer	Key employee	Highest compensated employee	Former				
(18) FRANK WILKINSON	2.50										
DIRECTOR		х						0.	(	).	0.
(19) JOE SPAIN JR.	2.50										
DIRECTOR		x						0.	C	<b>)</b> .	0.
(20) CHAD MURPHY	40.00	Δ						0.		·•	
				37				254 117			C1 2
EXECUTIVE DIRECTOR	7.00			Х				354,117.	(	). 48	8,613.
(21) JASON OVERSTREET	40.00										
DEPUTY EXECUTIVE DIRECTOR				Х				180,310.		). 45	<u>,362.</u>
(22) ERIC KAMMLAH	40.00										
DIRECTOR OF FINANCE				Х				110,887.	(	).  36	5,217.
(23) MASON BIRKES	40.00										
APPLICATIONS DEVELOPER				х				110,789.	C	). 4	,423.
(24) CHRISTINE BICKLEY	40.00							,			1
DIRECTOR OF TECHNOLOGY PROJECT MANAG						x		121,780.	C	0. 20	,826.
(25) JASON THOMAS	40.00							121,700.		/• 20	,020.
	40.00							107 050	c c	$\sum_{i=1}^{n} a_i$	010
SENIOR DIRECTOR OF DIGITAL MEDIA	40.00					X		107,952.	L L	). 36	5,019.
(26) RICHARD PAYNE	40.00	-						105 100			
DIRECTOR OF INFRASTRUCTURE						X		107,428.		). 3	,290. ,750.
1b Sub-total								1,153,264.		). 194	.,750.
c Total from continuation sheets to Part VI								160,244.			.,458.
d Total (add lines 1b and 1c)								1,313,508.	(	). 226	5,208.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable		
compensation from the organization									·		8
											Yes No
<b>3</b> Did the organization list any <b>former</b> officer,	director or tri	ister	- ke	v en	nnlo	Vee	orl	highest compensated en	nlovee on		
<b>c i</b>					•			•		3	x
line 1a? If "Yes," complete Schedule J for su										. 3	
4 For any individual listed on line 1a, is the su											x
and related organizations greater than \$150										4	<u> </u>
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich p	oers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comper	nsation fror	n
the organization. Report compensation for t	he calendar ye	ear e	ndin	ng wi	ith c	or wi	thin	the organization's tax y	ear.		
(A)								(B)		(C)	)
Name and business	address							Description of s	ervices	Compens	sation
MICHAEL BEST & FRIEDRICH	LLP										
PO BOX 88462, MILWAUKEE,	WI 5328	8						LEGAL SERVIC	ES	509	,959.
WINKLER PRODUCTIONS LLC		-					-				1000
72 MONCEAU TERRACE, LAKE	ST LOTIT	S	м	$\circ$	63	36	7		v	436	5,225.
HEADSPRING LP	<u>DI 1001</u>	<u>, v</u>	1.1.	<u> </u>	0.5	50	<u> </u>			<u>_</u>	, 225.
	75267									222	015
PO BOX 678024, DALLAS, TX	. /520/							SOFTWARE DEV	LOPER		8,845.
TUPELO RAYCOM LLC					~ ~	~ •			_		100
50 BROAD ST, 6TH FLOOR, N	EW YORK	,	NΥ	1	00	υ4	_	TV PRODUCTIO		213	3,136.
SHAWN PETERSON		_	_	_				SOFTWARE PRO	JECT	-	
501 YAZOO CREEK, CEDAR PA	RK, TX	78	61	3				MANAGER		207	<u>,301.</u>
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	to t	thos	se lis	ted	above) who received mo	ore than		
\$100,000 of compensation from the organiz	ation 🕨				8	3					
SEE PART VII, SECTION	A CONT	IN	UA	TI	ON	S	HE	ETS		Form 9	<b>90</b> (2018)

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Form 990 UNITED S'									20-122	4922
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (			·
(A) Name and title	<b>(B)</b> Average hours				(C) Position (check all that apply)			(D) Reportable compensation from	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) ROBERT STOKES	40.00									
MANAGING IT DIRECTOR		-				X		160,244.	0.	31,458
		-								
		-								
		-								
		-								
		-								
	-	-								
		-								
		-								
		-								
Fotal to Part VII, Section A, line 1c								160,244.		31,458

832201 04-01-18

Form	n 990	(2018) UNITE	D STATES	BOWLING	CONGRESS,	INC.	20-1224	922 Page 9
Pa	rt VI	II Statement of Rever	nue					
		Check if Schedule O cont	ains a response o	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns	1a					
ran		Membership dues		15,300,060.				
N G		Fundraising events						
ar /		Related organizations						
s, 0	e	Government grants (contribut	ions) <b>1e</b>					
rtion S	f	All other contributions, gifts, gran	its, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo	ve <b>1f</b>	976,559.				
ontro	-	Noncash contributions included in lines			16 056 610			
<u>a õ</u>	ŀ	Total. Add lines 1a-1f			16,276,619.			
	-	MOLIDNIA MENIMO		Business Code	14 922 022	14 922 022		
vice	2 a			713990 713990	14,832,023. 1,037,872.	14,832,023. 1,037,872.		
serv ue	k	WORKSHOPS AND SEMIARS		713990	349,751.	349,751.		
ven S		ADVERTISING INCOME		541800	298,071.		298,071.	
Program Service Revenue		SPECIAL EVENTS, BOOTHS	AND CONCE	713990	256,986.	256,986.		
Pro	f	All other program service reve						
		g Total. Add lines 2a-2f		•	16,774,703.			
	3	Investment income (including						
		other similar amounts)			441,919.		-5,958.	447,877.
	4	Income from investment of ta						
	5	Royalties		<b>&gt;</b>	1,100,777.			1,100,777.
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	7 8	Gross amount from sales of	(i) Securities	(ii) Other				
	L	assets other than inventory						
	Ľ	<ul> <li>Less: cost or other basis and sales expenses</li> </ul>						
		Gain or (loss)						
		Net gain or (loss)	L					
au		Gross income from fundraisin	g events (not					
ven		including \$ contributions reported on line						
Other Revenue		Part IV, line 18	,					
her	Ŀ	D Less: direct expenses						
ō		Net income or (loss) from fund						
		Gross income from gaming a						
		Part IV, line 19						
	k	Less: direct expenses						
	c	Net income or (loss) from gam	ning activities	►				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold			11 101	11 104		
ŀ	c	Net income or (loss) from sale			-11,184.	-11,184.		
ŀ	44 -	Miscellaneous Revenu INVESTMENT IN IBC	е	Business Code 531390	-214,036.	-214,036.		
	11 a k			331390	214,030.	214,030.		
	с С							
		All other revenue		900099	68,111.	68,111.		
		• Total. Add lines 11a-11d		•	-145,925.	,		
	12	Total revenue. See instructions			34,436,909.	16,319,523.	292,113.	1,548,654.
832009	9 12-3							Form <b>990</b> (2018

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UNITED STATES BOWLING CONGRESS, INC. 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).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-		
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	<b>.</b>			
	and domestic governments. See Part IV, line 21	684,845.	684,845.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	92,228.	92,228.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	835,507.		835,507.	
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	6,545,970.	5,971,332.	574,638.	
8	Pension plan accruals and contributions (include				
Ŭ	section 401(k) and 403(b) employer contributions)	188,956.	172,368.	16,588.	
9	Other employee benefits	908,338.	828,600.	79,738.	
10	Payroll taxes	474,916.	433,225.	41,691.	
11	Fees for services (non-employees):		100,220.		
	Management				
		478,717.		478,717.	
		49,150.		49,150.	
	Accounting	49,1900		49,1900	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	29,551.		29,551.	
f	Investment management fees	29,JJI•		29,331.	
g	Other. (If line 11g amount exceeds 10% of line 25,	2,506,163.	2,025,405.	480,758.	
	column (A) amount, list line 11g expenses on Sch 0.)	986,566.	841,978.	144,588.	
12	Advertising and promotion	1,323,949.	1,299,267.	24,682.	
13	Office expenses	362,753.		28,447.	
14	Information technology	304,733.	334,306.	20,44/.	
15	Royalties	061 500		022 627	
16		861,589.	28,952.	832,637.	
17	Travel	1,242,902.	980,926.	261,976.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		210 202	100 150	
19	Conferences, conventions, and meetings	412,455.	312,303.	100,152.	
20	Interest				
21	Payments to affiliates	1 710 270		1 710 270	
22	Depreciation, depletion, and amortization	<u>1,719,370.</u> 272,711.		1,719,370.	
23		<i>212,1</i> 11.	65,095.	207,616.	
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 0.)				
а	AWARDS & PRIZES	7,757,218.	7,739,192.	18,026.	
b	TEMPORARY EMPLOYEE AGEN	2,969,762.	2,969,762.		
с	LINEAGE	1,702,753.	1,702,753.		
d	MAINTENANCE & RENTAL	680,853.	676,330.	4,523.	
е	All other expenses	478,124.	445,625.	32,499.	
25	Total functional expenses. Add lines 1 through 24e	33,565,346.	27,604,492.	5,960,854.	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)				
832010	) 12-31-18				Form <b>990</b> (2018)

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832010 12-31-18

#### 15181112 131839 039-04122000

Form **990** (2018)

15181112 131839 039-04122000

		Check if Schedule O contains a response or note to any line in this Part X		·····	······
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	20,483,134.	1	23,173,314.
	2	Savings and temporary cash investments		2	117,032.
	3	Pledges and grants receivable, net	-	3	•
	4	Accounts receivable, net		4	236,200.
	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			
s		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	83,555.
As	8	Inventories for sale or use		8	118,887.
	9	Prepaid expenses and deferred charges		9	379,559.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 31,474,561.			
	b	Less: accumulated depreciation 10b 24,960,977.		10c	6,513,584.
	11	Investments - publicly traded securities		11	11,385,112.
	12	Investments - other securities. See Part IV, line 11	5,770,772.	12	5,556,736.
	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)		16	47,563,979.
	17	Accounts payable and accrued expenses	2,871,287.	17	2,501,616.
	18	Grants payable		18	
	19	Deferred revenue	16,192,573.	19	17,228,095.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iabi		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			1 000 000
		Schedule D		25	<u>1,073,677.</u> 20,803,388.
	26	Total liabilities. Add lines 17 through 25	20,237,371.	26	20,003,300.
		Organizations that follow SFAS 117 (ASC 958), check here <b>X</b> and			
Ses	07	complete lines 27 through 29, and lines 33 and 34.	26,118,342.	07	26,372,423.
and	27	Unrestricted net assets		27 28	20,372,423.
Ba	28 29	Temporarily restricted net assets	200 1 60	<u>20</u> 29	388,168.
Net Assets or Fund Balances	23	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	300,100.	23	500,100.
Ĕ		and complete lines 30 through 34.			
S O	30	Capital stock or trust principal, or current funds		30	
set	30 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	32			32	
Ne	33	Total net assets or fund balances		33	26,760,591.
	34	Total liabilities and net assets/fund balances	16 - 10 - 004	34	47,563,979.
					Form <b>990</b> (2018)
					(2010)

UNITED STATES BOWLING CONGRESS, INC.

Check if Schedule O contains a response or note to any line in this Part X

20-1224922 Page 11

## Part X Balance Sheet

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Form	990	(2018)
101111	330	(2010)

Check if Schedule O contains a response or note to any line in this Part XI1Total revenue (must equal Part VIII, column (A), line 12)134,436,9092Total expenses (must equal Part IX, column (A), line 25)233,565,3463Revenue less expenses. Subtract line 2 from line 13871,5634Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))426,506,5105-644,988667Investment expenses78Prior period adjustments89Other changes in net assets or fund balances (explain in Schedule O)927,50610Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))1026,760,591		UNITED STATES BOWLING CONGRESS, INC.	20-1	224922	Pag	_{ge} 12
1Total revenue (must equal Part VIII, column (A), line 12)2Total expenses (must equal Part IX, column (A), line 25)3Revenue less expenses. Subtract line 2 from line 14Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))5Net unrealized gains (losses) on investments607186719Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))1026,760,591	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))         5       Net unrealized gains (losses) on investments         6       5         7       6         7       6         9       Other changes in net assets or fund balances (explain in Schedule O)         9       27, 506         10       26, 760, 591		Check if Schedule O contains a response or note to any line in this Part XI				X
2       Total expenses (must equal Part IX, column (A), line 25)         3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))         5       Net unrealized gains (losses) on investments         6       5         7       6         7       6         9       Other changes in net assets or fund balances (explain in Schedule O)         9       27, 506         10       26, 760, 591						
3       Revenue less expenses. Subtract line 2 from line 1         4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))         5       Net unrealized gains (losses) on investments         6       5         7       6         7       6         8       7         9       Other changes in net assets or fund balances (explain in Schedule O)         9       27,506         10       26,760,591	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))       4       26,506,510         5       Net unrealized gains (losses) on investments       5       -644,988         6       6       6         7       1       6         8       7       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       27,506         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       26,760,591	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5       Net unrealized gains (losses) on investments       5       -644,988         6       6       6         7       6       7         8       7       7         9       Other changes in net assets or fund balances (explain in Schedule O)       9       27,506         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       26,760,591	3	Revenue less expenses. Subtract line 2 from line 1	3			
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       27,506.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       26,760,591.	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       27,506         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       26,760,591	5	Net unrealized gains (losses) on investments	5	-644	1,98	88.
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain in Schedule O)       9       27,506         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       26,760,591	6	Donated services and use of facilities	6			
9       Other changes in net assets or fund balances (explain in Schedule O)       9       27,506         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       26,760,591	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))       10       26,760,591	8	Prior period adjustments	8			
column (B)) 10 26,760,591	9	Other changes in net assets or fund balances (explain in Schedule O)	9	21	7,5	06.
	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
			10	26,760	),5	<u>91.</u>
Part XII Financial Statements and Reporting	Pa	rt XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII		Check if Schedule O contains a response or note to any line in this Part XII				
					Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			l on a			
separate basis, consolidated basis, or both:		separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	b	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,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
consolidated basis, or both:						
X Separate basis Consolidated basis Both consolidated and separate basis		X Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С					
review, or compilation of its financial statements and selection of an independent accountant?		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		ngle Audit			
Act and OMB Circular A-133? 3a X		Act and OMB Circular A-133?		3a		<u> </u>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2018)

832012 12-31-18

SCHEDULE A	SC	HE	DL	JLE	Α
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(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

OMB No. 1545-0047
2018
Open to Public Inspection

s)

							Open to Public		
			► Go to www.irs.go	/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection
Name of t	the organizati								identification numb
Dell	UNITED STATES BOWLING CONGRESS, INC.         20-1224922           Part I         Reason for Public Charity Status (All organizations must complete this part.) See instructions.         20-1224922							0-1224922	
Part I	Reason	for Public (	Sharity Status	All organizations must co	mplete th	is part.) Se	e instructions		
The organ	ization is not a	a private found	ation because it is: (I	For lines 1 through 12, c	neck only	one box.)			
1 🛄	A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4	A medical res	search organiz	ation operated in cor	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizati	on operated fo	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental ur	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organizati	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general p	oublic described in
	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8	A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:	-				-		-	
10 X	An organizati	on that norma	Illy receives: (1) more	than 33 1/3% of its supp	port from a	contributio	ns, membersh	ip fees, an	d gross receipts from
	activities rela	ted to its exen	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investmen
				(less section 511 tax) fro					
	See section	509(a)(2). (Co	mplete Part III.)						
11	An organizati	on organized a	and operated exclusi	ively to test for public sat	ety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
	-	-	-	d in section 509(a)(1) o				-	
				f supporting organizatior					
a	7	•	• •	upervised, or controlled		-		-	aivina
			-	gularly appoint or elect a	• • • •	-			
		-	complete Part IV, Se		, ,				
b	¬ ~		-	or controlled in connect	ion with it	s supporte	ed organizatior	n(s), by hav	ina
			-	anization vested in the sa			•		-
		-	t complete Part IV,					,	
c	¬ ~	. ,	•	g organization operated	in connect	tion with, a	and functional	v integrate	d with
_		-		). You must complete I				,	,
d		•		porting organization oper				ted organiz	ration(s)
-		-		ation generally must sat				-	
		,	0 0	nplete Part IV, Sections	5		•		
е	7			written determination from				I Type III	
		0		nally integrated supportin			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., . , po	
f Ente		of supported of			0 0				
		• •	n about the supporte						
	i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
	organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructior
				above (see instructions))					
				I					

Total

# Schedule A (Form 990 or 990-EZ) 2018 UNITED STATES BOWLING CONGRESS, INC. 20-1224922 Page 2 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.)

Se	ction A. Public Support			-		-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				_		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
-	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	6						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	,	,			12	
13	First five years. If the Form 990 is for	0			2		. —
Sa	organization, check this box and stor ction C. Computation of Publi	o here	rcontago				
	•			(0)			
	Public support percentage for 2018 (I		•	.,,		14	%
	Public support percentage from 2017					15	%
102	<b>33 1/3% support test - 2018.</b> If the optimized bases The experimentian events						
L	stop here. The organization qualifies		-			( ar mara abaal th	
Ľ	<b>33 1/3% support test - 2017.</b> If the c	•					
47.	and <b>stop here.</b> The organization qual						
1/2	1 10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
Ľ	10% -facts-and-circumstances test						
	more, and if the organization meets the						" ⊾ □
10	organization meets the "facts-and-circ		-				
18	Private foundation. If the organization	in ulu not check a		a, 100, 17a, 0f 17		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

#### Schedule A (Form 990 or 990-EZ) 2018 UNITED STATES BOWLING CONGRESS, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15421069.	15504504.	14269782.	<u>15010831.</u>	<u>16276619.</u>	76482805.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15297410.	15422597.	18037750.	18391542.	16575642.	83724941.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
6	Total. Add lines 1 through 5	30718479.	<u>30927101.</u>	32307532.	33402373.	<u>32852261.</u>	160207746
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
	Add lines 7a and 7b						0. 160207746
Sec	Public support. (Subtract line 7c from line 6.)						μουΖυ//40
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	30718479.	30927101.	32307532.	33402373.	32852261.	160207746
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1356070.	1219164.	1411990.	1579712.	1548654.	7115590.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	748,971.	376,845.	386,283.	250,893.	292,113.	2055105.
с	Add lines 10a and 10b	2105041.	1596009.	1798273.	1830605.	1840767.	9170695.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	478,224.		<u>-118,995.</u>			572,982.
	••	33301744.					
14	First five years. If the Form 990 is fo	8	, ,		,	()()	
Sec	check this box and stop here	ic Support Per					·····
	Public support percentage for 2018 (			column (f))		15	94.27 %
	Public support percentage from 2017					16	<u>94.27 %</u> 93.99 %
Sec	ction D. Computation of Invest	stment Income	Percentage				E 40
	Investment income percentage for 20			ne 13, column (f))		17	5.40 %
	Investment income percentage from					18	5.46 %
19a	<b>33 1/3% support tests - 2018.</b> If the						
	more than 33 1/3%, check this box at						►X
b	<b>33 1/3% support tests - 2017.</b> If the						
00	line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						
		DI UIU NOT CHECK A	box on line 14, 19	a, or 190, Check th			
83202	3 10-11-18		16		300	equie A (Form 990	) or 990-EZ) 2018

1

Yes No

#### Part IV Supporting Organizations

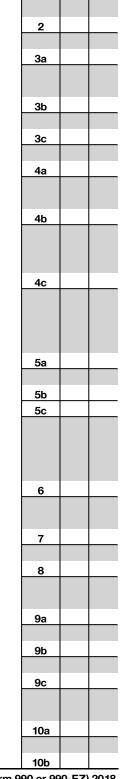
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

# Schedule A (Form 990 or 990-EZ) 2018 UNITED STATES BOWLING CONGRESS, INC. 20-1224922 Page 5 Part IV Supporting Organizations (continued)

In the the organization accepted a gift or combudition from any of the following persons?         Image: https://www.image.organization?         Image: https://www.image.organization?           A person who directly or informative controls, sither a same or together with persons discribed in (b) and (c) the down, the governing hody of a supported organization?         Image: https://www.image.organization?         Image: https://www.image.organi				Yes	No
betwy, the governing body of a supported organization?     betwy the governing body of a support of generative stress of the support of support of the support of the support of support of the support of support supp	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a presen described in (a) balance?     c. A 33% centual of white the present of a second description of a for balance? If Yest' to a, b, and, provide detail in Part VI.     Section B. Type I Supporting Organizations     Ves No     regularly appoint or elect at least a majority of the organization is directions or trustees at all times during the     tax year? If No, 'description Part VI now the supported organization's direction's operated, supervised, or     controlled the organization's activities. If the organization during the tax year? If No, 'description's provides activities of the supported organization,     description by the powers to apport addree removes twee afforcated programitation,     description by the powers to apport addree removes twee afforcated programitation,     description by the powers to apport addree removes the supported organization,     description by the powers to apport addree removes the supported organization?     f Yes, 'texplain in     Part VI how powers and previous supported organization?     f Yes, 'texplain in     Part VI how powers and previous or trustees during the tax year also a majority of the directors,     or trustees of each of the organization is supported organization,     f Yes, 'texplain in     Part VI how control     or annagement of the supporting Organizations     f Yes No     Type II Supporting Organizations     Yes	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
b A family member of a presen described in (a) balance?     c. A 33% centual of white the present of a second description of a for balance? If Yest' to a, b, and, provide detail in Part VI.     Section B. Type I Supporting Organizations     Ves No     regularly appoint or elect at least a majority of the organization is directions or trustees at all times during the     tax year? If No, 'description Part VI now the supported organization's direction's operated, supervised, or     controlled the organization's activities. If the organization during the tax year? If No, 'description's provides activities of the supported organization,     description by the powers to apport addree removes twee afforcated programitation,     description by the powers to apport addree removes twee afforcated programitation,     description by the powers to apport addree removes the supported organization,     description by the powers to apport addree removes the supported organization?     f Yes, 'texplain in     Part VI how powers and previous supported organization?     f Yes, 'texplain in     Part VI how powers and previous or trustees during the tax year also a majority of the directors,     or trustees of each of the organization is supported organization,     f Yes, 'texplain in     Part VI how control     or annagement of the supporting Organizations     f Yes No     Type II Supporting Organizations     Yes			11a		
Section B. Type I Supporting Organizations  Yes No  Del the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year'l if 'Wo,'' describe in Part VI now the supported organization's directors or trustees at all times during the support affor remove directors or trustees are allocated among the supported organizations and what conditions or esticitions, if any, applied to such powers during the tax year'.  Di Dit the organization operate for the benefit of any supported organization of the time the supported organization providing usuch based carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting Organization and them the supported organization's directors or trustees during the tax year's also a majority of the organization's directors or trustees are allocated among the supporting organization are supported organization and the directors or trustees or each of the supporting Organization and the directors or trustees or subsection and the directors or trustees or allocated organization and the directors or trustees at all the supporting Organization was vested in the same persons that controlled or managed the supporting Organization was vested in the date of notification, and till occides of the organization's tax year, i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a coles and continuous working relationship with the supported organization is the organization is upported organization's supported organization's tay and in a coles and continuous working relationship with the support and organization is supported organization is supported organization's tay and (ii) a coles and continuous working relationship with the support and organization is supported organization is supported organization's the organization markitelina a close and conti	b	A family member of a person described in (a) above?	11b		
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<ul> <li>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's organization's officers, directors, or trustees either (i) appointed or ganization for 10 how the organization's officers, directors, or trustees either (i) appointed organization(s).</li> <li>By reason of the relationship described in (2), did the organization's supported organization's income or assets at all times during the tax year? (if *Yes, " describe in Part VI the role the organization's supported organizations played in this regard.</li> <li>Check the box next to the method that the organization and to satisfy the Integral Part Test during the year (see instructions).</li> <li>Check the box next to the method that the organization. Scomplete line 3 below.</li> <li>Check the box next of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly furthered their exempt purposes, how the organization's activities during the sactivities.</li> <li>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization's involvement.</li> <li>Parent of Supported Organizations. Answer (a) and (b) below.</li> <li>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's involvement.</li> <li>Parent of Supported Organizations. Answer (a) and (b) below.<td>Sec</td><td>tion D. All Type III Supporting Organizations</td><td></td><td></td><td></td></li></ul>	Sec	tion D. All Type III Supporting Organizations			
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Schedule A (Form 990 or 990-EZ) 2018

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	dule A (Form 990 or 990-EZ) 2018 UNITED STATES BOWLING C			20-1224922 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

instructions).

## Schedule A (Form 990 or 990 EZ) 2018 UNITED STATES BOWLING CONGRESS, INC.

Par	I V   Type III Non-Functionally integrated 509	a)(3) Supporting Orga	inizations (continued)	1			
Secti	on D - Distributions			Current Year			
_1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in <b>Part VI</b> ). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1				
	(provide details in <b>Part VI</b> ). See instructions.	-					
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
_1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
с	From 2015						
d	From 2016						
е	From 2017						
f	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
с	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
-	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2018. Subtract lines 3h						
-	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
-	and 4c.						
8	Breakdown of line 7:						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-EZ) 2018	UNITED	STATES	BOWLING	CONGRESS,	INC.	20-1224922	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Prov , 2, 3b, 3c, 4b, lines 2 and 3; F	vide the expla 4c, 5a, 6, 9a, Part IV, Sectio	nations requirec 9b, 9c, 11a, 11b n E, lines 1c, 2a	l by Part II, line 10; I o, and 11c; Part IV, 5 , 2b, 3a, and 3b; Pa	Part II, line 17a c Section B, lines ırt V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	с,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, 3	Section E, line	es 2, 5, and 6. Al	so complete this pa	irt for any additio	onal information.	
832028 10-11-	8			_ ·		Schedu	ıle A (Form 990 or 990-	EZ) 2018
				21				

15181112 131839 039-04122000 2018.05000 UNITED STATES BOWLING CON 039-0411

#### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### ** PUBLIC DISCLOSURE COPY **

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Nume of the organizat		
	UNITED STATES BOWLING CONGRESS, INC.	20-1224922
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	1
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set of the parts unless the

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

Employer identification number

20 - 1224922

#### UNITED STATES BOWLING CONGRESS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	-		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$23,620.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>10,219.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$12,435.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$6,026.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
<u>No.</u> <u>6</u>	Name, address, and ZIP + 4	\$21,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	8-18	Schedule B (Form	990, 990-EZ, or 990-PF) (20

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

20-1224922

UNITED STATES BOWLING CONGRESS, INC.

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 9,400. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 10,159. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 10 X Person Payroll Noncash 9,206. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 9,300. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page **2** 

#### 15181112 131839 039-04122000

823452 11-08-18

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Name of organization

Employer identification number

20-1224922

#### UNITED STATES BOWLING CONGRESS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>11,301.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$7,192.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ <u>26,119.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page **2** 

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Employer identification number

20 - 1224922

#### UNITED STATES BOWLING CONGRESS, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(2)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
3453 11-08-1		\$	990, 990-EZ, or 990-PF) (2

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#### 15181112 131839 039-04122000

Schedule B	(Form 990, 990-EZ, or 990-PF) (2018)		Page <b>4</b>
Name of org	ganization		Employer identification number
UNITED	STATES BOWLING CONGRE	SS. INC.	20-1224922
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	tions to organizations described in set a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
823454 11-08-1			Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

### 15181112 131839 039-04122000

SCHEDULE [	)
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Department of the Treasury

Internal Revenue Service

90)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization UNITED STATES BOWLING CONGRESS, INC.	Employer identification number 20-1224922
Par		
	organization answered "Yes" on Form 990, Part IV, line 6.	
		(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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 fun	
Ŭ	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used of	
Ū	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	
	impermissible private benefit?	·
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/ line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	,
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historical	v important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	opeoplation accoment on the last
2		Held at the End of the Tax Year
_	day of the tax year.	
a ⊾	Total number of conservation easements	
b	Total acreage restricted by conservation easements	2b 2c
ک لہ	Number of conservation easements on a certified historic structure included in (a)	20
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	2d
2	listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
3		ization during the tax
4	year ► Number of states where property subject to conservation easement is located ►	
4		
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
6	violations, and enforcement of the conservation easements it holds?	······································
0	Stan and volunteer nours devoted to monitoring, inspecting, nandling of violations, and enforcing conservation	Si easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	ecomonts during the year
'	Anounce of expenses incurred in monitoring, inspecting, manufing of violations, and emorcing conservation ea \$	isements during the year
0	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	
8	· · · · · · · · · · · · · · · · · · ·	
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense stater	
9		
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	Jamzation's accounting for
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	
Ia		
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of the text of the footnote to its financial statements that describes these items.	public service, provide, in Part XIII,
h		alance chect works of art historical
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	vice, provide the following amounts
	relating to these items:	
	(i) Revenue included on 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 L	Revenue included on Form 990, Part VIII, line 1	<b>N A</b>
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
832051	10-29-18	

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Sche		STATES BOW						20-12			age <b>2</b>
Par	t III Organizations Maintaining C	<b>Collections of Ar</b>	t, Histori	cal Treas	sures, o	r Othe	r Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check an	y of the foll	lowing that	are a si	gnificant ι	use of its c	ollection	items	
	(check all that apply):										
а	Public exhibition	c	l 🗌 Loa	an or excha	inge progra	ams					
b	Scholarly research	e	e 🗌 Oth	ner							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how they	further the	organizatic	n's exer	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histor	rical treasur	res, or othe	er similar	assets				
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the or	ganization a	answered '	'Yes" or	n Form 990	), Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for con	tributions c	or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table	e:							
									Amount		
с	Beginning balance						. <b>1</b> c				
d	Additions during the year						<b>1d</b>				
е	Distributions during the year						. <b>1e</b>				
f	Ending balance								_		
	Did the organization include an amount on F						lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII										
Par	<b>t V Endowment Funds.</b> Complete										
_		(a) Current year	(b) Prior	r year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		. (1:								
2	Provide the estimated percentage of the cur		e (line 1g, c	olumn (a)) r	ield as:						
a L	Board designated or quasi-endowment ► Permanent endowment ►	%	%								
b	Temporarily restricted endowment										
С	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse	-	ation that ar	e held and	administor	ed for th	ne organiz	ation			
oa	by:				aurimister		ie organiz	ation	l	Yes	No
	(i) unrelated organizations								3a(i)	100	
	<b>***</b>								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the									I	
Par	t VI   Land, Buildings, and Equipn										
	Complete if the organization answere	ed "Yes" on Form 990	), Part IV, lir	ne 11a. See	e Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or c basis (investr	other	(b) Cost or basis (of	r other	(c) A	ccumulat		(d) Bool	k value	Э
1a	Land				·						
b	Buildings										
	Leasehold improvements										
d	Equipment		1	7,619	,101.	11,	263,3	08.	6,355	5,79	93.
	Other			3,855			697,6			7,7	
	. Add lines 1a through 1e. (Column (d) must e								6,513		
		iguari onni 330, r all			<i>ų</i>		<u></u>		D/F		

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 UNITED ST	ATES BOWLING	CONGRESS, INC	20-1224922 Page 3
Part VII Investments - Other Securities.			<u>u</u>
Complete if the organization answered "Y	es" on Form 990, Part IV	, line 11b. See Form 990, F	Part X, line 12.
(a) Description of security or category (including name of securi			aluation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENT IN			
(B) INTERNATIONAL BOWLING			
(C) CAMPUS, LLC	5,556,7	36. COST	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 5,556,7	36.	
Part VIII Investments - Program Related			
Complete if the organization answered "Y	es" on Form 990, Part IV	, line 11c. See Form 990, F	Part X, line 13.
(a) Description of investment	(b) Book value		aluation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Y		', line 11d. See Form 990, F	
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) Part X Other Liabilities.	,		
Complete if the organization answered "Y <b>1.</b> (a) Description of liability	es on Form 990, Part IV	(b) Book value	990, Part X, IINE 20.
		(b) BOOK value	
(1) Federal income taxes (2) POST-RETIREMENT BENEFIT	OBLICATION	1,073,677.	
	ODDIGATION	1,075,077.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total (Column (b) must equal Form 000, Part V, col (0)	line (25.)	1,073,677.	
<b>Total.</b> ( <i>Column (b) must equal Form 990, Part X, col. (B)</i> <b>2.</b> Liability for uncertain tax positions. In Part XIII, prov	,		ancial statements that reports the
organization's liability for uncertain tax positions un			

Schedule D (Form 990) 2018

832053 10-29-18

	edule D (Form 990) 2018 UNITED STATES BOWLING CONG				1224922 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	34,336,746.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments		214,036.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d	636,121.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	850,157.
3	Subtract line 2e from line 1			3	33,486,589.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. <b>4a</b>	29,551.		
b	Other (Describe in Part XIII.)	. 4b	920,769.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	950,320.
				_	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I, line 12.)			5	34,436,909.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per R		<u>34,436,909.</u> n.
5 Pa	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	letur	n.
5 Ра 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per R		33,896,135.
_	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part I. line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	Expenses per R	letur	n.
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements	ents With	Expenses per R	letur	n.
1	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With 	Expenses per R	letur	n.
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total Reconciliation of Expenses per Audited Financial Statement         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Prior year adjustments	ents With 	Expenses per R	letur	n.
1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c	Expenses per R	letur	n. 33,896,135.
1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R	letur	n. 33,896,135. 636,121.
1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per R	1	n. 33,896,135.
1 2 b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	Expenses per R	letur 1 2e	n. 33,896,135. 636,121.
1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	Expenses per R 636,121. 29,551.	letur 1 2e	n. 33,896,135. 636,121.
1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2c 2d 4a	Expenses per R	letur 1 2e	n. 33,896,135. 636,121. 33,260,014.
1 2 3 4 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         Reconciliation of Expenses per Audited Financial Statements         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents With 2a 2b 2c 2d 4a 4b	Expenses per R 636,121. 29,551. 275,781.	1 1 2e 3 4c	n. <u>33,896,135.</u> <u>636,121.</u> <u>33,260,014.</u> <u>305,332.</u>
1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents With 2a 2b 2c 2c 2d 4a 4b	Expenses per R 636,121. 29,551. 275,781.	1 2e 3	n. 33,896,135. 636,121. 33,260,014.

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.

PART	XI,	LINE	2D	-	OTHER	ADJUSTMENTS:	
------	-----	------	----	---	-------	--------------	--

COST OF MERCHANDISE SOLD INCLUDED ON PART VIII, LINE 10B	110,194.
CONSULTING FEE CHARGEBACK TO RELATED PARTY	473,915.
BRACKET CONTRIBUTION OFFSET	52,012.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	636,121.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
EQUITY LOSS IN INVESTMENT	644,988.
SUSAN G KOMEN RECEIPTS	275,781.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	920,769.

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Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018 UNITED STATES BOWLING CONGRESS, INC. Part XIII Supplemental Information (continued)	20-1224922 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF MERCHANDISE SOLD INCLUDED ON PART VIII, LINE 10B	110,194.
CONSULTING FEE CHARGEBACK TO RELATED PARTY	473,915.
BRACKET CONTRIBUTION OFFSET	52,012.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	636,121.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
GRANTS & ASSISTANCE	275,781.
832055 10-29-18	Schedule D (Form 990) 2018

SCHEDULE I	G	rants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organizatio	nd Individual	s in the Ŭni [.]	ted States		2018
Department of the Treasury	Comple	ete if the organizatio	Attach to For		rt IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization UNITED ST.	ATES BOWL	ING CONGRES	S, INC.				Employer identification number $20-1224922$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t criteria used to award the grants or assis	tance?				-		on 🔣 Yes 🗌 No
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I							
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION, INC 5005 LBJ FREEWAY - DALLAS, TX 75244-6125	75-1835298	501(C)(3)	210,854.	0.			BREAST CANCER RESEARCH
IBC YOUTH BOWLING, INC. 621 SIX FLAGS DRIVE ARLINGTON, TX 76011	47-1705987	501(C)(3)	369,361.	0.			YOUTH BOWLING PROGRAMS
NATIONAL BOWLING HALL OF FAME AND MUSEUM INC 621 SIX FLAGS DRIVE - ARLINGTON, TX 76011	51-0178494	501(C)(3)	73,624.	0.			RESEARCH BOWLING HISTORY
	51 01/0454	501(0)(5)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>	0		e line 1 table		l	1	▶ <u>3.</u> 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

#### Schedule | (Form 990) (2018) UNITED STATES BOWLING CONGRESS, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TEAM USA AWARDS GRANT	29	85,800.	0.		
TEAM USA BETTERMENT GRANT	18	6,428.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

USBC HAS A GRANT POLICY AND ALL REQUESTS ARE FORMALLY REVIEWED AND APPROVED

PRIOR TO THE ISSUANCE OF FUNDS. DONEES ARE ALSO REQUIRED TO PROVIDE PROOF

OF GRANT PURPOSE PRIOR TO BEING AWARDED THE FUNDS. ALL GRANTS AND

ASSISTANCE ARE PROVIDED TO PROMOTE THE SPORT OF BOWLING.

20-1224922

Page 2

SC	EDULE J   Compensation Information			OMB No. 1545-0047			
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2018			
•		Compensated Employees		ZU	ĬŎ	j –	
-		<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	e of the organizatior		Employer	identificatio	on nui	nber	
		UNITED STATES BOWLING CONGRESS, INC.	20-1	L224922	2		
Pa	rt I Questions	Regarding Compensation					
					Yes	No	
1a	Check the appropria	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for person	nal use				
	Travel for com	panions Payments for business use of personal res	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fees	3				
	Discretionary s	pending account Personal services (such as maid, chauffeu	ır, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
	•			1b			
2	-	require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officer	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3		y, of the following the filing organization used to establish the compensation of the organization					
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to				
	·	tion of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	·	ompensation consultant					
	Form 990 of of	her organizations X Approval by the board or compensation c	ommittee				
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
4							
-	organization or a rel			4a		x	
a b		e payment or change-of-control payment?				X	
		eive payment from, an equity-based compensation arrangement?				X	
U		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.		····· +0			
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
-	contingent on the re						
а	-			5a		X	
b	Any related organization	ation?				X	
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the n						
а	-	-		6a		X	
		ation?				X	
		r 6b, describe in Part III.					
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
	not described on lin	es 5 and 6? If "Yes," describe in Part III		7		X	
8		eported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th					
				8		X	
9	If "Yes" on line 8, di	d the organization also follow the rebuttable presumption procedure described in					
	Regulations section	53.4958-6(c)?		9			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n <b>990</b> )	2018	

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) CHAD MURPHY	(i)	307,209.	46,908.	0.	12,673.	35,940.	402,730.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) JASON OVERSTREET	(i)	162,637.	17,673.	0.	7,004.	38,358.	225,672.	0.	
DEPUTY EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ROBERT STOKES	(i)	152,163.	8,081.	0.	0.	31,458.	191,702.	0.	
MANAGING IT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2018

#### Schedule J (Form 990) 2018 UNITED STATES BOWLING CONGRESS, INC.

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE L (Form 990 or 990-EZ	() 🕨 Com	plete if th	ne org	ganization ar 28b, or 28c, ▶ Att	iswere or For ach to	d "Yes m 990 Form ⁽	" on F -EZ, Pa 990 or	art V, line 38a Form 990-E2	t IV, a or <i>i</i> Z.	line 25a, 25b, 2 40b.	6, 27,	28a,	0	MB No. 20	18 • Put	}
Internal Revenue Service Name of the organizati	ion	► Go	to w	ww.irs.gov/F	orm99	U TOP II	istruci	tions and the	late	st information.	Fm	olover	ident	spect ificati		mber
	UNI	TED S	STA	TES BOV	<b>NLIN</b>	G C	ONGR	RESS, IN	NC.	,	20	-12	249			
Part I Excess	Benefit	Transa	ctio	ns (section s	501(c)(3	s), sect	ion 501	I(c)(4), and 50	1(c)(	29) organization	s only)					
_	e if the orga							ne 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disqu	alified perso	on (	b) Re	lationship be person and o		•	ified	(4	c) De	escription of tran	sactio	n		P-4	Corre	ected? No
					-											
														_	_	
														+	+	
2 Enter the amount	of tax incu	rred by th	ie org	anization ma	nagers	or disc	qualified	d persons dur	ing t	he year under						
section 4958 <b>3</b> Enter the amount												► \$				
3 Enter the amount	or tax, if an	iy, on line	e 2, ac	Jove, reimbur	sed by	the org	Janizai					• •				
Part II Loans	to and/or	r From	Inter	rested Per	sons.											
	•						, Part V	/, line 38a or F	orm	1990, Part IV, lin	e 26; d	or if th	e orga	nizatio	n	
reported : (a) Name of		<u>on Form 9</u> ) Relations		Part X, line 5, (c) Purpose		2. Dan to or	(0	) Original		) Balance due	(a)	In	<b>(h)</b> Ap	proved	(i) V	Vritten
interested perso		h organizat		of loan	fror	n the ization?	(~	ipal amount	"	J Dalance due		ault?	by bo comm	ard or nittee?		ement?
					To	From	1				Yes	No	Yes	No	Yes	No
					_											─
			_		_											+
																+
					_											<u> </u>
					_											
																+
																$\vdash$
Total				<u> </u>				► \$								
				fiting Inte												
(a) Name of inter				ered "Yes" on Relationship				ne 27. c) Amount of		(d) Type	of		(0	) Purp	050 0	
		on		interested per the organiz	son an			assistance		assistan			•	assist		
KELLY KULICI	ĸ		BOARD MEMBER 40,351.PWBA BOWLER P													
KELLY KULICI	ĸ		BOARD MEMBER 9,290. TEAM USA GRAN													
												-+				
LHA For Paperwork	Reduction	Act Notic	ce, se	ee the Instru	ctions	for For	m 990	or 990-EZ.		Sch	edule	L (For	m 990	) or 99	90-EZ	) 2018

SEE PART V FOR CONTINUATIONS

832131 10-25-18

38 2018.05000 UNITED STATES BOWLING CON 039-0411

Schedule L (Form 990 or 990 EZ) 2018 UNITED	STATES BOWLING CONC	GRESS, INC.	20-1224	922	Page <b>2</b>
Part IV Business Transactions Involvi	•				
Complete if the organization answered (a) Name of interested person	<ul> <li>Yes" on Form 990, Part IV, line 28a, 20</li> <li>(b) Relationship between interested person and the organization</li> </ul>	(c) Amount of transaction	(d) Description of transaction	òrģani:	aring of zation's nues?
				Yes	No
KELLY KULICK	BOARD MEMBER	11,250.	CONSULTING/		X
					<u> </u>
					<u> </u>
					<u> </u>
					<u> </u>
					<u> </u>
					<u> </u>
Part V Supplemental Information.					<u> </u>
Provide additional information for respo	onses to questions on Schedule L (see i	instructions).			
SCH L, PART III, GRANTS OR	ASSISTANCE BENEFITT	ING INTERES	TED PERSONS	:	
(A) NAME OF PERSON: KELLY	KIILTCK				
(C) AMOUNT OF GRANT \$ 40,	351.				
		13.7			
(D) TYPE OF ASSISTANCE: PW	BA BOWLER PRIZE MONE	iY			
(A) NAME OF DEDCON. VELLY					
(A) NAME OF PERSON: KELLY 1	KULICK				
(C) AMOUNT OF GRANT \$ 9,22	90.				
<u> </u>					
(D) TYPE OF ASSISTANCE: TEA	AM USA GRANTS				
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	IG INTERESTE	D PERSONS:		
(A) NAME OF DEDGON. KELLY					
(A) NAME OF PERSON: KELLY	KULICK				
(D) DESCRIPTION OF TRANSACT	TION: CONSULTING/TV	COMMENTATOR			
<u>, , , , , , , , , , , , , , , , , , , </u>					

Schedule L (Form 990 or 990-EZ) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

INC.

Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2018
Open to Public
Inspection
Employer identification number

20-1224922

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNITED STATES BOWLING CONGRESS,

PROVIDING PROGRAMS AND SERVICES TO ITS MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS HAD MEMBERS SINCE ITS INCEPTION IN 2004.

FORM 990, PART VI, SECTION A, LINE 7A:

ASSOCIATION DELEGATES VOTE FOR DIRECTORS AT THE NATIONAL CONVENTION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE DIRECTOR AND EXECUTIVE DIRECTOR WILL REVIEW TAX RETURNS PRIOR TO SIGNING.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MANAGING DIRECTORS, EXECUTIVES, BOARD AND COMMITTEE MEMBERS OF USBC ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ON AN ANNUAL BASIS. USBC MONITORS THIS BY ENSURING THAT THEY HAVE RECEIVED A SIGNED FORM BY EACH PERSON. ANY IDENTIFIED POTENTIAL CONFLICTS OF INTEREST ARE REPORTED TO ADMINISTRATION FOR FURTHER REVIEW AND APPROPRIATE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF USBC'S CEO, EXECUTIVE DIRECTOR AND OTHER TOP MANAGEMENT OFFICALS IS DETERMINED BY THE BOARD COMPENSATION COMMITTEE.

ALL OTHER COMPENSATION IS DIRECTED BY THE EXECUTIVE DIRECTOR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

15181112 131839 039-04122000

UNITED STATES BOWLING CONGRESS, INC.	20-1224922
FORM 990, PART VI, SECTION C, LINE 18:	
THE ORGANIZATION MAKES ITS 990 AVAILABLE FOR PUBLIC INSPE	CTION UPON
REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
THESE DOCUMENTS ARE ALSO AVAILABLE ON USBC'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN POSTRETIREMENT BENEFIT OB	27,506.

Page 2

Employer identification number

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

# (Form 990) Complet Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

#### Name of the organization

SCHEDULE R

#### UNITED STATES BOWLING CONGRESS, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled iity?
				501(c)(3))		Yes	No
SMART BOWLING SCHOLARSHIP FUNDING							
CORPORATION - 27-2358041, 621 SIX FLAGS							
DRIVE, ARLINGTON, TX 76011	SCHOLARSHIP FUNDING	TEXAS	501(C)(3)	LINE 7	N/A		х
IBC YOUTH BOWLING, INC 47-1705987							
621 SIX FLAGS DRIVE							
ARLINGTON, TX 76011	YOUTH BOWLING	WISCONSIN	501(C)(3)	LINE 11	N/A		х

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

20-1224922

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		-	( 1)		(7)	4.5			(1)		(1)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	l or Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule	mana partn	ownership
		country)		sections 512-514)		466616	Yes	No	K-1 (Form 1065)	Yes	No
INTERNATIONAL BOWLING CAMPUS,											
LLC - 26-2175073, 621 SIX											
FLAGS DRIVE, ARLINGTON, TX	1										
76011	REAL ESTATE	тх	N/A	RELATED	-113,156.	5,556,732.		x	N/A	x	50.00%
	1										
	1										
	-										
	-										
	-										
											-
	-										
	4										
	4										
	1			<u> </u>							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									$\square$

#### Schedule R (Form 990) 2018 UNITED STATES BOWLING CONGRESS, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

				1		
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>1</b> a		X		
b	Gift, grant, or capital contribution to related organization(s)	1b	X			
С	Gift, grant, or capital contribution from related organization(s)	1c		Х		
d	Loans or loan guarantees to or for related organization(s)	1d	X			
е	Loans or loan guarantees by related organization(s)	1e		Х		
f	Dividends from related organization(s)	1f		Х		
g	Sale of assets to related organization(s)	1g		Х		
	h Purchase of assets from related organization(s)					
i	i Exchange of assets with related organization(s)					
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X			
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X			
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X			
	Sharing of paid employees with related organization(s)	10	X			
р	Reimbursement paid to related organization(s) for expenses	1p	X			
	Reimbursement paid by related organization(s) for expenses	1q	X			
r	Other transfer of cash or property to related organization(s)	1r		X		
s	s Other transfer of cash or property from related organization(s)					
2	<ul> <li>s Other transfer of cash or property from related organization(s)</li> <li>2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.</li> </ul>					

(a) Name of related c	organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				

### Schedule R (Form 990) 2018 UNITED STATES BOWLING CONGRESS, INC.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(h Dispro tiona allocati	) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership
			3000013 012 014)	Yes No		Yes	NO		Yes No	

Schedule R (Form 990) 2018

	(Form 990) 2018
Part VII	Supplemental

t VII	Supp	emental	Information.
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Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2018

832165 10-02-18

Form <b>990-T</b>	EXTE: Exempt Orga	NDED TO NOVE nization Bus			ax Return		OMB No. 1545-0687
		nd proxy tax unde					0040
	For calendar year 2018 or other tax ye			, and ending		_ ·	2018
Department of the Treasury Internal Revenue Service	► Go to www ► Do not enter SSN numbe	r.irs.gov/Form990T for ins				C	Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed	Name of organization (	Check box if name ch				D Employ (Employ	yer identification number byees' trust, see
	_	ES BOWLING (		DECC THC		instruc	)-1224922
<b>B</b> Exempt under section $\mathbf{X}$ 501( <b>c</b> )( <b>3</b> )		n or suite no. If a P.O. box				E Unrela	ted business activity code
			, 000 111			(See in	structions.)
408A 530(a		vince, country, and ZIP or	foreigr	postal code		5418	200
529(a)	ARLINGTON ,	her (See instructions )				5410	500
47,563	F Group exemption num           979.         G Check organization type	$e \rightarrow X$ 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust
H Enter the number of th	e organization's unrelated trades or	pusinesses.	2	Describe	the only (or first) un		
trade or business here	► ADVERSTISING S	ALES		If only one,	complete Parts I-V.	If more	than one,
describe the first in the	blank space at the end of the previo	us sentence, complete Par	rts I and	I II, complete a Schedule	M for each addition	al trade (	or
business, then comple					<u>ь</u> г		<b>T7</b>
	s the corporation a subsidiary in an and identifying number of the pare		t-subsid	liary controlled group?	► L	Yes	s X No
	of <b>ERIC KAMMLAH</b>			Telenh	one number 🕨 8	00-5	514-2695
	ed Trade or Business Inc			(A) Income	(B) Expenses		(C) Net
1a Gross receipts or s	lles						
<b>b</b> Less returns and al		c Balance 🕨	1c				
	(Schedule A, line 7)		2				
	ct line 2 from line 1c		3	0			
	ome (attach Schedule D)		4a	0.			
	m 4797, Part II, line 17) (attach Forr		4b 4c				
	on for trusts a partnership or an S corporation (a		4C 5				
6 Rent income (Sche			6				
```	nced income (Schedule E)		7				
	oyalties, and rents from a controlled		8				
9 Investment income	of a section 501(c)(7), (9), or (17) o	rganization (Schedule G)	9				
10 Exploited exempt a	tivity income (Schedule I)		10				
	(Schedule J)		11				
•	nstructions; attach schedule) S		12	298,071.			298,071.
13 Total. Combine lin	es 3 through 12 ons Not Taken Elsewhei	<b>0</b> (0 i ti ti ti	13	298,071.			298,071.
	r contributions, deductions mus				income.)		
	fficers, directors, and trustees (Sch	-			-	14	
	6					15	57,112.
	enance					16	
						17	
	nedule) (see instructions)					18	
19 Taxes and licenses						19	5,237.
	tions (See instructions for limitation				'EMENT 2	20	0.
	h Form 4562)					005	
	claimed on Schedule A and elsewher					22b 23	
	eferred compensation plans					23	
	programs					25	11,968.
	enses (Schedule I)					26	
	costs (Schedule J)					27	
28 Other deductions	attach schedule)			SEE STAT	EMENT 3	28	182,358.
29 Total deductions.	Add lines 14 through 28					29	256,675.
	s taxable income before net operatin					30	41,396.
	operating loss arising in tax years be			. ,		31	<u>/1 200</u>
	s taxable income. Subtract line 31 fro		<u></u>			32	41,396. Form <b>990-T</b> (2018)
823701 01-09-19 LHA	For Paperwork Reduction Act Notic	e, see instructions.					FUTH 330-1 (2018)

## 15181112 131839 039-04122000

Form 990-T (20			, INC.		20-1	444	744	Page
Part III	Total Unrelated Business Taxa							41 200
	otal of unrelated business taxable income comp							41,396
	mounts paid for disallowed fringes						34	3,620
	eduction for net operating loss arising in tax yea				STMT 6	🖂	35	45,016
	otal of unrelated business taxable income before	•						
lir	nes 33 and 34					. 🔤	36	
37 S	pecific deduction (Generally \$1,000, but see line	e 37 instructions for exception	ns)			🔤	37	1,000
38 U	nrelated business taxable income. Subtract li	ne 37 from line 36. If line 37	is greater than line	e 36,				
						. 3	38	0
	Tax Computation							
	rganizations Taxable as Corporations. Multipl					▶ _3	39	0
40 Ti	rusts Taxable at Trust Rates. See instructions							
		Form 1041)				▶ [4	10	
	roxy tax. See instructions						11	
	Iternative minimum tax (trusts only)						12	
	ax on Noncompliant Facility Income. See instr						13	
	otal. Add lines 41, 42, and 43 to line 39 or 40, v	hichever applies				4	4	0
Part V	Tax and Payments						_	
	preign tax credit (corporations attach Form 111	3; trusts attach Form 1116)		45a				
c G	eneral business credit. Attach Form 3800			45c		_		
	redit for prior year minimum tax (attach Form 8							
	otal credits. Add lines 45a through 45d						5e	
<b>46</b> S	ubtract line 45e from line 44					. 4	16	0
<b>47</b> 0 ⁻	ther taxes. Check if from: 🔛 Form 4255 📃	_ Form 8611 Form 86	697 🛄 Form 8	866	Other (attach schedu		7	
48 To	otal tax. Add lines 46 and 47 (see instructions)					4	18	0
	018 net 965 tax liability paid from Form 965-A c					4	19	0
50 a Pa	ayments: A 2017 overpayment credited to 2018	}		50a				
<b>b</b> 20	018 estimated tax payments			50b				
c Ta	ax deposited with Form 8868			50c				
	preign organizations: Tax paid or withheld at so							
e Ba	ackup withholding (see instructions)			50e				
	redit for small employer health insurance premi			50f				
<b>g</b> <u>0</u>	ther credits, adjustments, and payments:	Form 2439						
	Form 4136 X	Other 2,995	5. Total 🕨		2,99	5.		
51 To	otal payments. Add lines 50a through 50g		SEE SI	'ATEM	ENT 5	. 5	51	2,995
<b>52</b> Es	stimated tax penalty (see instructions). Check if	Form 2220 is attached 🕨	L			. 5	52	
	<b>ax due.</b> If line 51 is less than the total of lines 4				I		53	
	verpayment. If line 51 is larger than the total of		mount overpaid		I		54	2,995
	nter the amount of line 54 you want: Credited to				Refunded		55	2,995
Part VI					,			
	t any time during the 2018 calendar year, did th	•	•					Yes No
	ver a financial account (bank, securities, or othe	,	-	-				
Fi	nCEN Form 114, Report of Foreign Bank and Fi	nancial Accounts. If "Yes," ent	er the name of the	e foreign c	country			
he	ere 🕨							X
<b>57</b> D	uring the tax year, did the organization receive a	distribution from, or was it t	the grantor of, or t	transferor	to, a foreign trust?			X
lf	"Yes," see instructions for other forms the orga	nization may have to file.						
<b>58</b> Er	nter the amount of tax-exempt interest received	or accrued during the tax yea	ar ▶\$					
<b>.</b>	Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other the second	ed this return, including accompany	ying schedules and s ation of which prepar	tatements, a rer has anv k	nd to the best of my kno nowledge	wledge a	and belief, it is	true,
Sign	· · · · · · · · · · · · · · · · · · ·			-	-	May th	ne IRS discuss	this return with
Here			EXECUT	IVE D	DIRECTOR	the pre	eparer shown b	elow (see
	Signature of officer	Date	Title			instruc	ctions)?	Yes No
	Print/Type preparer's name	Preparer's signature	D	Date	Check	if	PTIN	
Paid					self- employ	/ed		
Prepare	er KIMBERLY ANDERSON	KIMBERLY AND	DERSON 1	1/12/	/19		P0018	
Use On	Iv Firm's name ► CLIFTONLARS				Firm's EIN		41-07	46749
	8215 GREE	NWAY BOULEVAR	D, SUITE	E 600				
						C 0 0	0 660	0600
	Firm's address <b>MIDDLETON</b>	<u>, WI 53562</u>			Phone no.	608	<u>5-662</u> -	0000

	Page

3

1       Inventory at Boginning of year       1       2       6         2       Purchases       2       7       Cost of goods out. Subtractine 6       7         3       Cost of labor       3       7       Cost of goods out. Subtractine 6       7         41       Additional section 25X costs       44       7       Cost of goods out. Subtractine 6       7         42       Additional section 25XA (with respect to property produced or acquired for result) apply to the organization?       1       1       1         43       Additional section 25XA (with respect to property Leased With Real Property) (see instructions)       5       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1 <t< th=""><th>Schedule A - Cost of Goods</th><th>s Sold. Enter</th><th>method of inven</th><th>tory valuation 🕨 N/A</th><th></th><th></th><th></th><th></th><th></th></t<>	Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory valuation 🕨 N/A					
2       Parchases       2       7       Cost of goods old. Subtract line 6         4a       Additional section 283A costs       4a       Additional section 283A (own response to the property part of the section 283A (with response to the organization?       Yes       No         4a       Additional section 283A (costs is dueled on property produced or acquired for results) apply to the organization?       Yes       No         5       Total Add lines 1 through Ab       5       Total add lines 1 through Ab       Yes       No         Cost of goods old. Subtract line 6       Cost of goods old. Subtract line 6       Yes       No       Yes       No         Sochedule C - Fent Income (From Real Property and Personal Property Leased With Real Property)       (see instructions)       (see instructions)       (see instructions)       Status Statu	1 Inventory at beginning of year	1		6 Inventory at end of yea	ar		6		
4a       Additional section 2634 costs (attack schedule)       4a       Ime 2       7         5       Total. Add lines 1 through 4b       5       B       Do ther rules of section 258A (with respect to property produced or acquired for resole) apply to the organization?       Yes       No         Celebratic C - Rent Income (From Real Property and Personal Property Leased With Real Property)       Yes       No         Celebratic C - Rent Income (From Real Property and Personal Property Leased With Real Property)       So there are accurate to the organization?       So there are accurate to the organization?         10       2       2       2       2       2       2         (a)       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2       2<	2 Purchases	2							
4a       Additional section 2534 costs (attach schedule)       4a       Inite 2       7         5       Totals. Add lines 1 through 4b       5       8       0. the rules of section 258(with respect to property produced or acquired for resale) apply to the organization?       Yes       No         Cecher Line Company       4b       5       0. the rules of section 258(with respect to property produced or acquired for resale) apply to the organization?       Yes       No         Cecher Line Company       5       Total       0.       Central rules of the organization of property and Property Leased With Real Property       Sector and property of the proceeninge (0. Total and action of property of the proceeninge (0. Total and action of action action of action action of action of action of action action of action of action	3 Cost of labor	3		from line 5. Enter here and in Part I,					
Value       Value <th< td=""><td></td><td></td><td></td><td colspan="4">line 2</td><td></td><td></td></th<>				line 2					
b Other costs (attach schedule) b Other costs (attach schedul	(attach schedule)	4a						Yes	No
1         1the organization?         Intervalue of the property and Personal Property Leased With Real Property.           Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)         (ee instructions)           11. Description of property         1. Description of property         (f)           (a)				property produced or a	acquired	for resale) apply to			
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)	5 Total. Add lines 1 through 4b	5		the organization?		,			
(see instructions)         1. Description of property         (1)         (2)         (3)         (4)         (1)         (2)         (3)         (4)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (11)         (2)         (2)         (3)         (4)         (2)         (3)         (4)         (2)         (3)         (4)         (4)         (5)         (6)         (7)         (2)         (3)         (4)         (4)         (4)         (5)         (6)         (7)         (6)         (7)         (6)         (7)         (6)         (7)         (1)         (1)         (2)         (1)	Schedule C - Rent Income	(From Real	Property and	Personal Property L	.ease	d With Real Prop	erty	)	<u> </u>
(1)         (2)         (3)         (4)         (a)         (b)         (c)         (a)         (b)         (c)         (		-							
(2)         (3)         (4)         (a)         (b)         (c)         (a)         (b)         (c)         (	1. Description of property								
(2)         (3)         (4)         (a)         (b)         (c)         (a)         (b)         (c)         (	(1)								
(3)       (4)       (5)         (4)       (6)       (7) from personal property (if the pecentage of									
(4) <ul> <li>(a) From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property is more than 10% but not more than 50% of ref the rent is based on profit or income)</li> </ul> (a) From restonal property (if the percentage of rent is based on profit or income) <ul> <li>(b) From rest is based on profit or income)</li> <li>(c) Total</li> <li>(d) Control of the rent is based on profit or income)             <ul> <li>(d) Control for personal property (if the percentage of the rent is based on profit or income)</li> <li>(d) Total deductions. Send on page 1.</li> <li>(e) Total for the rent on page 1.</li> <li>(f) Total deductions directly connected with or allocable to bether financed property (attach schedule)</li> <li>(f) Straight line depreciation (g) (f) Other deductions directly connected with or allocable to bether financed property (attach schedule)</li> <li>(f) Straight line depreciation (g) (f) Other deductions (get instance property (attach schedule)</li> <li>(g) Straight line depreciation (get instance property (get instance property (attach schedule)</li> </ul>            (1)         Image: Image:</li></ul>									
(a) From personal property (if the surranulage of certify prevention of the income in methods) in more than 65%.     (b) From real and personal property (if the granulage devices 50% or it is the income in columns 2(a) and 2(b) (attach schedule)       (1)     (2)       (2)     (3)       (3)     (4)       (4)     (5)       (6) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, part 1, line 7, column (b).     (b)       (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, part 1, line 7, column (b).     (c)       (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, part 1, line 7, column (b).     (c)       (c) Total income in a debi-financed property     (c) for a debiation of debt-financed property     (d)       (1)     (e)     (e)       (1)     (e)     (e)       (1)     (e)     (f)       (1)     (e)     (f)       (1)     (e)     (f)       (1)     (f)     (f)       (1)     (f)     (f)       (2)     (f)     (f)       (1)     (f)     (f)       (2)     (f)     (f)       (1)     (f)     (f)       (2)     (f)     (f)       (2)     (f)     (f)       (2)     (f)     (f)       (f) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
(a) from personial digitary in the second large of the		2. Rent receiv	ed or accrued						
(2)       (3)       (4)       (4)         (3)       (4)       (5)       Total       (6)         (7)       Total       (7)       (7)       (7)         (6)       Total deductions.       (7)       (7)       (7)         (7)       (7)       (7)       (7)       (7)       (7)         Schedule E - Unrelated Debt-Financed Income (see instructions)       (8)       (9)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (1)       (2)       (2)       (2)       (2)       (2)       (3)       (3)       (3)       (1)       (2)       (3)       (3)       (3)       (3)       (3)       (3)       (3)       (3)       (3)       (3)       (3)       (3)       (3)	rent for personal property is more	e than	of rent for p	personal property exceeds 50% or if	ge	3(a) Deductions directly columns 2(a) a	/ conne nd 2(b)	cted with the income in (attach schedule)	1
(3)       (4)         Total       0.         Total       0.         (c) Total income. Add totals of columns 2(a) and 2(b). Enter       0.         Berler and on page 1, Part 1, line 6, column (A)       0.         Schedule E - Unrelated Debt-Financed Income (see instructions)       0.         Schedule E - Unrelated Debt-Financed roperty       2. Gross income from or allocable to debt: financed property       3. Deductions directly connected with or allocable to debt. financed property         (1)       1. Description of debt-financed property       2. Gross income from or allocable to debt. financed property       (a)         (2)       (a)       (b)       (c)       (c)         (3)       (c)       (c)       (c)       (c)         (4)       (c)       (c)       (c)       (c)         (c)       (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)       (c)       (c)       (c)         (d)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (d)       (c)       (c)	(1)								
(4)       Total       O.       Total       O.         (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (a)       0.       Enter here and on page 1, Part 1, line 6, column (b)       0.         Schedule E - Unrelated Debt-Financed Income (see instructions)       3. Deductions directly connected with or allocable to debt-financed property       (a)       (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (b)       0.         1. Description of debt-financed property       2. Gross income from or allocable to debt-financed property       3. Deductions directly connected with or allocable to debt-financed property       (b) Other deductions (attach schedule)         (1)       (a)       (b) Cherrel deductions or allocable to debt-financed property       (c)       (a) Straight line depreciation (attach schedule)       (b) Other deductions (attach schedule)         (1)       (a)       (b) Cherrel deductions (attach schedule)       (b) Cherrel deductions (attach schedule)       (b) Cherrel deductions (attach schedule)         (1)       (c)       (c)       (c)       (c)       (c)       (c)       (c)         (2)       (c)	(2)								
Total       O.       Total       O.       (b) Total deductions.         (c) Total income. Add totals of columns 2(a) and 2(b). Enter       (b) Total deductions.       (c) Total deductions.         here and on page 1, Part 1, line 6, column (A)       (c) Total deductions.       (c) Total deductions.       (c) Total deductions.         Schedule E - Unrelated Debt-Financed Income       (see instructions)       (c) Gross income from or allocable to debtimated property       (a) Straight line depreciation (attach schedule)       (b) Other deductions (attach schedule)         (1)       (a)       (b) Column 5       (c) Gross income from or allocable to debtimated property       (b) Column 6       (b) Column 6         (2)       (a)       (b) Column 5       (c) Column 6       (c) Column 6<	(3)								
(c) Total income. Add totals of columns 2(a) and 2(b). Enter       (b) Total deductions.         here and on page 1, Part I, line 6, column (A)       (b) Total deductions.         Schedule E - Unrelated Debt-Financed Income (see instructions)       3. Deductions directly counceted with or allocable to debt-financed property         1. Description of debt-financed property       2. Gross income from or allocable to debt-financed property       3. Deductions directly connected with or allocable         (1)       (a)       (b) Other deductions.       (b) Other deductions.         (3)       (b) Column 6       (c)       (c)         (4)       (c)       (c)       (c)         (1)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c)       (c)         (a)       (c)       (c)<	(4)								
(c) For monte. From the and on page 1, Part 1, line 6, column (A)       0.       Part 1, line 6, column (B)       0.         Schedule E - Unrelated Debt-Financed Income (see instructions)       2. Gross income from or allocable to debt-financed property       3. Deductions directly connected with or allocable       0.         1. Description of debt-financed property       2. Gross income from or allocable to debt-financed property       (a) Straight line depreciation       (b) Other deductions (attach schedule)         (1)       2.       0.       2.       Column 4 divided by column 5       (b) Other deductions (attach schedule)         (a)       4.       4.       4.       4.       4.       4.       4.         (1)       2.       6.       Column 5       7. Gross income reportable (column 2 x column 6)       8. Allocable deductions (attach schedule)         (d)       4.       4.       4.       4.       6.       Column 5       7. Gross income reportable (column 2 x column 6)       8. Allocable deductions (column 6 x total of columns 3 (a) and 3(b))       3.         (1)       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.       9.	Total	0.	Total		0.				
I. Description of debt-financed property       I. Description of allocable to debt-financed property       I. Description of allocable to debt-financed property       I. Description of allocable to debt-financed property (attach schedule)       I. Description of allocable to debt-financed property (attach schedule)       I. Description of allocable to debt-financed property (attach schedule)       I. Description of allocable to debt-financed property (attach schedule)       I. Description of allocable to debt-financed property (attach schedule)       I. Description of allocable to debt-financed property (attach schedule)       I. Description of allocable to debt-financed property (attach schedule)       I. Description of allocable to debt-financed property (attach schedule)       I. De	here and on page 1, Part I, line 6, column	n (A)	►		0.	Enter here and on page 1,	. ►		0.
1. Description of debt-financed property       2. Gross income from or allocable to debt-financed property       to debt-financed property         (1)       (a) Straight line depreciation (attach schedule)       (b) Other deductions (attach schedule)         (1)       (a)       (b) Other deductions (attach schedule)         (2)       (b) Other deductions (attach schedule)         (3)       (c)       (c)         (4)       (c) allocable to debt-financed property (attach schedule)       (c) allocable to debt-financed property (attach schedule)         (f)       (f)       (f)       (f)       (f)         (f)       (f)       (f)       (f)       (f)       (f)         (f)       (f)       (f)       (f)       (f)       (f)       (f)         (f)       (f)       (f)       (f)       (f)       (f)       (f)       (f)         (f)       (f)       (f)       (f)       (f)       (f)       (f)       (f)         (f)	Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)					
1. Description of debt-financed property       financed property       (a) Straight the deprectation (attach schedule)         (1)       (a)       (attach schedule)         (2)       (a)       (attach schedule)         (3)       (attach schedule)       (attach schedule)         (4)       (attach schedule)       (attach schedule)         (a)       (attach schedule)       (attach schedule)         (a)       (attach schedule)       (attach schedule)         (1)       (attach schedule)       (attach schedule)       (attach schedule) </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
(2)       Image: Constraint of the second seco	1. Description of debt-fin	nanced property			(a)	Straight line depreciation (attach schedule)		(b) Other deductior (attach schedule)	IS
(2)       Image: Constraint of the second seco	(1)								
(3)       (4)       (4)         4. Amount of average acquisition debt-financed property (attach schedule)       5. Average adjusted basis of or allocable to debt-financed property (attach schedule)       6. Column 4 divided by column 5       7. Gross income reportable (column 2 x column 6)       8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))         (1)       %       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9%       9% <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
(4)       (4)       (4)       (4)       (4)       (4)       (5)       Average adjusted basis of or allocable to debt-financed property (attach schedule)       (6)       Column 4 divided by column 5       7. Gross income reportable (column 2 x column 6)       8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))         (1)       (1)       (2)       (2)       (2)       (2)       (3)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       (4)       <									
debt on or allocable to debt-financed property (attach schedule)       of or allocable to debt-financed property (attach schedule)       by column 5       reportable (column 2 x column 6)       (column 6 x total of columns 3(a) and 3(b))         (1)       %             3(a) and 3(b)       3(a) and									
(2)       %          (3)       %          (4)       %          Enter here and on page 1, Part 1, line 7, column (A).         Totals       •       0.       0.	debt on or allocable to debt-financed	of or a debt-fina	allocable to nced property			reportable (column		(column 6 x total of co	
(3)         %            (4)         %            Fort I, line 7, column (A).         %         Enter here and on page 1, Part I, line 7, column (A).         Enter here and on page 1, Part I, line 7, column (B).           Totals         0.         0.         0.	(1)			%					
(4)     %       Enter here and on page 1, Part I, line 7, column (A).     Enter here and on page 1, Part I, line 7, column (A).       Totals     0.	(2)			%					
Totals     Enter here and on page 1, Part I, line 7, column (A).     Enter here and on page 1, Part I, line 7, column (B).	(3)			%					
Part I, line 7, column (A).         Part I, line 7, column (B).           Totals         0 •         0 •         0 •	(4)			%					
	Totals			▶		0	•		0.

Form **990-T** (2018)

823721 01-09-19

Form 990-T (2018) UNITED Schedule F - Interest,	STAT	ES BOW s. Rovalti	LING	CONG	RESS, From C	INC.	ed C	Drganiza	tions	20-12	2492 struction	
				1	Controlled							
1. Name of controlled organizat	tion	<b>2.</b> Emp identific: numb	ation			otal of	f specified ts made	includ	t of column 4 ed in the contr ation's gross i	rolling	6. Deductions directly connected with income in column 5	
(1)												
(1) (2)												
_(3)												
(4)												
Nonexempt Controlled Organi	zations			1		1					I	
7. Taxable Income	8. Net u	nrelated income see instructions)	e (loss)	9. Total	l of specified p made	ayments	10	Part of colun in the controllin gross	nn 9 thai ng organ income	ization's		ductions directly connected income in column 10
(1)												
(2)												
(3)												
(4)												
							E	Add colum Enter here and line 8, c	on page	1, Part I,		dd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals						►				0.		0.
Schedule G - Investme	nt Incor	ne of a S	ection	501(c)(7	7), (9), oi	[•] (17) Or	gan	nization				
(see inst												
<b>1</b> . Desc	cription of inco	me			2. Amoun	t of income		<b>3.</b> Deduction directly connect (attach schedu	cted	<b>4.</b> Set- (attach s	asides schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)												
(2)												
(3)												
(4)												
					Enter here a Part I, line 9	nd on page 1, , column (A).						Enter here and on page 1, Part I, line 9, column (B).
Totals				►		Ο.						0.
Schedule I - Exploited (see instru	Exempt				Than A	dvertisir	ng I	Income				
1. Description of exploited activity	unrelated incom	Gross I business le from business	directly o with pro of uni	penses connected oduction related s income	from unrela business minus col gain, com	come (loss) ated trade or (column 2 umn 3). If a pute cols. 5 ugh 7.		5. Gross inco from activity th is not unrelate business incom	nat ed	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(1) (2) (3) (4)												
(3)												
(4)												
	page 1	re and on , Part I, col. (A).	page 1	re and on I, Part I, , col. (B).			1					Enter here and on page 1, Part II, line 26.
Totals		0.		0.								0.
Schedule J - Advertisin Part I Income From			structior rted o		solidate	d Basis						
												Г
1. Name of periodical		2. Gross advertising income		<b>3.</b> Direct ertising costs	or (loss col. 3). If	vertising gain ) (col. 2 minus a gain, compu 5 through 7.		5. Circulati income	ion	6. Read cost		<ol> <li>Excess readership costs (column 6 minus column 5, but not more than column 4).</li> </ol>
(1)												
(2)					_		$\vdash$					
(1) (2) (3)							F					

0.

0.

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Totals (carry to Part II, line (5))

(4)

►

#### Form 990-T (2018) UNITED STATES BOWLING CONGRESS, INC.

20-1224922

%

►

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

4. Advertising gain or (loss) (col. 2 minus 7. Excess readership costs (column 6 minus 2. Gross advertising 3. Direct 5. Circulation 6. Readership 1. Name of periodical col. 3). If a gain, compute cols. 5 through 7. advertising costs income costs column 5, but not more income than column 4). (1) (2) (3) (4) 0 0. 0. Totals from Part I ► Enter here and on page 1, Part I, line 11, col. (A). Enter here and on page 1, Part I, line 11, col. (B). Enter here and on page 1, Part II, line 27. Totals, Part II (lines 1-5) 0 0 0. ► Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to Compensation attributable to unrelated business 2. Title 1. Name business (1) % (2) %

Form 990-T (2018)

0.

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(3)

(4)

Total. Enter here and on page 1, Part II, line 14

#### 20 - 1224922

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
PROGRAM ADVERTISING		298,071.
TOTAL TO FORM 990-T, PAGE	1, LINE 12	298,071.
FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPE	RTY METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	292,714.
TOTAL TO FORM 990-T, PAGE	1, LINE 20	292,714.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
CONSULTING & PROFESSIONAL FEES SPONSORSHIPS OFFICE EXPENSES FOOD & BEVERAGES (50%) PRINTING POSTAGE & FREIGHT TRAVEL TRAINING EXPENSE SOFTWARE MAINTENANCE FEES MISCELLANEOUS TAX PREP FEE MANAGEMENT OVERHEAD ALLOCATION		10,744. 72,663. 3,121. 408. 534. 413. 3,156. 1,743. 36,231. 828. 1,000. 51,517.
TOTAL TO FORM 990-T, PAGE 1, LIN	IE 28	182,358.

FORM 990-T CONTR	RIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED CONTRIBUTIONS SUBJECT	' TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015	CONTRIBUTIONS 423,368			
FOR TAX YEAR 2016 FOR TAX YEAR 2017	954,983 962,358			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBU	TIONS	2,340,709 292,714		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS AD	JUSTED	2,633,423 0	_	
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		2,633,423 0 2,633,423	_	
ALLOWABLE CONTRIBUTIONS DEDUCTI			_	0
TOTAL CONTRIBUTION DEDUCTION				0

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 5
DESCRIPTION  FORM 8827, LINE 8C		AMOUNT 2,995.
TOTAL INCLUDED ON FORM	990-T, PAGE 2, PART V, LINE 50G	2,995.

### 20-1224922

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
07/31/99	123,207.	123,207.	0.	0.
07/31/00	55,569.	55,569.	0.	0.
07/31/01	94,337.	94,337.	0.	0.
07/31/02	354,505.	354,505.	0.	0.
07/31/03	413,759.	413,759.	0.	0.
07/31/04	187,270.	187,270.	0.	0.
07/31/05	584,029.	48,212.	535,817.	535,817.
07/31/06	163,469.	0.	163,469.	163,469.
07/31/07	247,699.	0.	247,699.	247,699.
NOL CARRYO	VER AVAILABLE THIS	YEAR	946,985.	946,985.

							ENTITY 2
	HEDULE M	Unrelated	Busines	ss T	axable Incom	e for	OMB No. 1545-0687
(Foi	rm 990-T)						
					e or Business		2018
		For calendar year 2018 or other tax year beg	inning		, and ending		
	tment of the Treasury				uctions and the latest ir		Open to Public Inspection for
Interna	I Revenue Service (99)	Do not enter SSN numbers on	this form as it	may be	e made public if your organ		501(c)(3) Organizations Only
Name	e of the organization			ANTAT		Employer identifica	
		UNITED STATES BOU			KESS, INC.	20-12249	944
		activity code (see instructions)			OWNED LESS 1	чам 2 <b>9</b>	
				110			
Pa	rt I Unrelated	Trade or Business Income	•		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or s	sales					
	Less returns and allo		Balance	1c			
2		d (Schedule A, line 7)		2			
3		ract line 2 from line 1c		3			
4a		come (attach Schedule D)		4a	1,520.		1,520.
b		rm 4797, Part II, line 17) (attach Foi		4b	,		· · · ·
с		ction for trusts		4c			
5		a partnership or an S corporation					
		ATEMENT 7		5	-7,478.		-7,478.
6	Rent income (Sche			6			
7	Unrelated debt-fina	anced income (Schedule E)		7			
8		, royalties, and rents from a control					
	organization (Sche	edule F)		8			
9		e of a section 501(c)(7), (9), or (17)					
	organization (Sche	edule G)		9			
10		activity income (Schedule I)		10			
11	Advertising income	e (Schedule J)		11			
12	Other income (See	e instructions; attach schedule)		12			
13	Total. Combine lin	nes 3 through 12		13	-5,958.		-5,958.
Pa		ns Not Taken Elsewhere (S					for contributions,
	deductions	s must be directly connected	d with the u	Inrela	ited business incom	e.)	
14	Compensation of a	officers, directors, and trustees (Sc	hedule K)			14	
15	•	s	,				
16		enance					
17							
18		hedule) (see instructions)					
19		s					
20	Charitable contrib	utions (See instructions for limitatio	n rules)			20	
21		ch Form 4562)					
22		claimed on Schedule A and elsewh				220	
23						23	
24		eferred compensation plans					
25		programs					
26		(0, 1, 1, 1)					
27	Excess readership	costs (Schedule J)				27	

Excess readership costs (Schedule J)	27			
Other deductions (attach schedule)	28			
Total deductions. Add lines 14 through 28	29			
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see				
instructions)	31			
Unrelated business taxable income. Subtract line 31 from line 30	32			

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

0.

-5,958.

-5,958.

823741 01-28-19

28

29

30 31

32

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION	NET INCOME OR (LOSS)
	OR (LOSS)
ENTERPRISE PRODUCTS PARTNERS LP 76-0568219 - ORDINARY	
BUSINESS INCOME (LOSS)	-122.
THE BLACKSTONE GROUP LP 20-8875684 - ORDINARY BUSINESS	
INCOME (LOSS)	-15.
THE BLACKSTONE GROUP LP 20-8875684 - NET RENTAL REAL	
ESTATE INCOME	-2.
THE BLACKSTONE GROUP LP 20-8875684 - DIVIDEND INCOME	1.
THE BLACKSTONE GROUP LP 20-8875684 - OTHER PORTFOLIO	<u> </u>
INCOME (LOSS)	2.
THE BLACKSTONE GROUP LP 20-8875684 - OTHER INCOME (LOSS) ENERGY TRANSFER PARTNERS LP 73-1493906 - ORDINARY BUSINESS	-22.
INCOME (LOSS)	-3,832.
ENERGY TRANSFER PARTNERS LP 73-1493906 - INTEREST INCOME	-5,052.
ENERGY TRANSFER LP 30-0108820 - ORDINARY BUSINESS INCOME	
(LOSS)	-3,553.
ENERGY TRANSFER LP 30-0108820 - INTEREST INCOME	5.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-7,478.

# Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

8

20 Employer identification number

UNITED STATES BOWL		20-1224922				
Part I Short-Term Capital Gai	ns and Losses (See	instructions.)				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustments to gain or loss from Form(s) 8949 Part I, line 2, column (g)	),	( <b>h</b> ) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
round off cents to whole dollars. <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you						
have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked						
2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked						
<b>3</b> Totals for all transactions reported on					2.	
Form(s) 8949 with <b>Box C</b> checked	from Form COED, line OC or D	7		4	<u>∠.</u>	
<ul><li>4 Short-term capital gain from installment sales</li><li>5 Short-term capital gain or (loss) from like-king</li></ul>				<u>4</u> 5		
<ul><li>6 Unused capital loss carryover (attach computation)</li></ul>				6	(	
<ul> <li>7 Net short-term capital gain or (loss). Combined</li> </ul>				7	2.	
Part II Long-Term Capital Gai						
See instructions for how to figure the amounts					(1)	
to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	( <b>g</b> ) Adjustments to gain or loss from Form(s) 8949 Part II, line 2, column (g)	) 9, 1	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked						
9 Totals for all transactions reported on						
Form(s) 8949 with <b>Box E</b> checked	1,964.	1,559.			405.	
10 Totals for all transactions reported on						
Form(s) 8949 with <b>Box F</b> checked					38.	
				11	1,075.	
12 Long-term capital gain from installment sales	12					
13 Long-term capital gain or (loss) from like-kind	13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824					
14 Capital gain distributions	14					
15 Net long-term capital gain or (loss). Combine	1,518.					
Part III Summary of Parts I and			T		<u> </u>	
16 Enter excess of net short-term capital gain (lir				16	2.	
17 Net capital gain. Enter excess of net long-term	,			17	1,518.	
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns.		18	1,520.	
Note: If losses exceed gains, see Capital loss	es in the instructions.					

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2018

821051 01-03-19

Form	8949					
Department of the Treasury Internal Revenue Service						

Name(s) shown on return

# **Sales and Other Dispositions of Capital Assets**

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No. 1545-0074

8 Ζ Attachment Sequence No. **12A** 

Social security number or taxpayer identification no.

20-122/022

UNITED STATES							224922
Before you check Box A, B, or C be statement will have the same inform	elow, see whether nation as Form 109	you received any 99-B. Either will s	r Form(s) 1099-B show whether you	or substitute stater Ir basis (usually you	nent(s) fron r cost) was	n your broker. A su s reported to the IF	lbstitute IS by your
broker and may even tell you which           Part I         Short-Term.         Transaction	DOX to CHECK.	al assets you held	1 year or less are ge	enerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate a codes are required. Enter th	all short-term transac	tions reported on F Schedule D. line 1a	Form(s) 1099-B shov : vou aren't required	ving basis was reporte to report these trans	ed to the IRS actions on F	S and for which no ac Form 8949 (see instru	ljustments or ictions).
You must check Box A, B, or C below. If you have more short-term transactions than v	. Check only one bo	<b>x.</b> If more than one b	ox applies for your shor	rt-term transactions, comp	lete a separat	te Form 8949, page 1, for	
(A) Short-term transactions re					-		
(B) Short-term transactions re		-		-		,	
X (C) Short-term transactions r							
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f	). See instructions.	Subtract column (e from column (d) 8
		(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
THE BLACKSTONE					()	adjustment	(g)
GROUP LP							
20-8875684							2.
	_						
2 Totals. Add the amounts in colu							
negative amounts). Enter each t							
Schedule D, <b>line 1b</b> (if <b>Box A</b> at							2.
above is checked), or line 3 (if			voo incoment ant		haais sr		
Note: If you checked Box A above adjustment in column (g) to correct				.,		•	•

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2018.05000 UNITED STATES BOWLING CON 039-0411

Form 8949 (2018)				Attachn	nent Sequenc	e No. <b>12A</b>	Page <b>2</b>		
Name(s) shown on return. Name and	d SSN or taxpaye	er identification n	o. not required if s			Social secur	ity number or ntification no.		
UNITED STATES	BOWLING (	CONGRESS.	INC.				224922		
Before you check Box D, E, or F belo statement will have the same information	ow, see whether ation as Form 10			r substitute statem r basis (usually you	ent(s) from yc r cost) was re				
Part II Long-Term. Transacti		al assets you held n	nore than 1 year are	generally long-term (s	ee instructions	). For short-term t	ransactions,		
see page 1. Note: You may aggregate al codes are required. Enter the You must check Box D, E, or F below. ( If you have more long-term transactions than will	e totals directly on s Check only one bo fit on this page for one	Schedule D, line 8a <b>x.</b> If more than one be or more of the boxes,	; you aren't required ox applies for your long- , complete as many form	to report these trans- term transactions, compl s with the same box check	actions on Forn ete a separate For cked as you need.	m 8949 (see instru rm 8949, page 2, for o	ctions).		
	<ul> <li>(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)</li> <li>(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS</li> </ul>								
(F) Long-term transactions no	1				Adiustment :				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If you ( in column (g)	if any, to gain or enter an amount ), enter a code in ee instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &		
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	<b>(g)</b> Amount of adjustment	combine the result with column (g)		
200.000 SHARES -						•			
ENTERPRISE			1.054	4 550			10-		
PRODUCTS PARTNERS	VARIOUS	12/31/18	1,964.	1,559.			405.		
2 Totals. Add the amounts in colu	 mns (d), (e), (q), a	nd (h) (subtract							
negative amounts). Enter each to									
Schedule D, line 8b (if Box D ab	ove is checked),	line 9 (if Box E							
above is checked), or line 10 (if I			1,964.	1,559.			405.		
Note: If you checked Box D above adjustment in column (g) to correct									

823012 11-28-18

Form 8949 (2018)				Attachn	nent Seque	nce No. 12A	Page <b>2</b>			
Name(s) shown on return. Name and	SSN or taxpaye	er identification n	o. not required if			Social secu	rity number or entification no.			
UNITED STATES	BOWLING (	CONGRESS	INC.			20-1	224922			
Before you check Box D, E, or F belo statement will have the same information	ow, see whether ation as Form 10			or substitute statem Ir basis (usually you	ent(s) from r cost) was					
Part II Long-Term. Transaction see page 1.		al assets you held r	nore than 1 year are	e generally long-term (s	ee instruction	ns). For short-term t	ransactions,			
Note: You may aggregate all codes are required. Enter the										
You must check Box D, E, or F below. C	Check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate f	Form 8949, page 2, for				
	you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)									
(E) Long-term transactions rep					Note abo	ve)				
1 (a)	(b)	(c)	(d)	(e)		, if any, to gain or	(h)			
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other	<b>10\$\$.</b> If yo   in column (	u enter an amount g), enter a code in	Gain or (loss).			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the <b>Note</b> below and	column (f).	See instructions.	Subtract column (e) from column (d) &			
		(Mo., day, yr.)		see Column (e) in	(f)	<b>(g)</b> Amount of	combine the result			
				the instructions	Code(s)	adjustment	with column (g)			
THE BLACKSTONE GROUP LP										
<u>20-8875684</u>							38.			
20-0073004							50.			
2 Totals. Add the amounts in colur										
negative amounts). Enter each to Schedule D, <b>line 8b</b> (if <b>Box D</b> abo										
above is checked), or line 10 (if E		•					38.			
Note: If you checked Box D above b	out the basis repo	orted to the IRS					S, and enter an			
adjustment in column (g) to correct t										

Form <b>4797</b>						
Department of the Treasury Internal Revenue Service						
Name(s) shown on return						

## Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) Attach to your tax return. Go to www.irs.gov/Form4797 for instructions and the latest information.

	OMB No. 1545-0184
	2018
	Attachment Sequence No. 27
Ide	entifying number

UNITED STATES BOWLING CONGRESS, INC.							20-1224922	
<b>1</b> Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S       (or substitute statement) that you are including on line 2, 10, or 20								
Part I         Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)								
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)	

EN'	TERPRISE PRODUCTS							
PARTNERS		VARIOUS	12/31/18	3,653.		2,8	99.	754.
THE	E BLACKSTONE GROUP							
LΡ	20-8875684							321.
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment s						4	
5	Section 1231 gain or (loss) from like-						5	
6	Gain, if any, from line 32, from other	than casualty or	theft				6	
7							7	1,075.
	<b>Partnerships and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.							
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	tion						
8	8 Nonrecaptured net section 1231 losses from prior years. See instructions							
9	Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the an capital gain on the Schedule D filed	nount from line 8	on line 12 below	v and enter the gai		ong-term	9	1,075.

#### Ordinary Gains and Losses (see instructions) Part II

10	Ordinary gains and losses not included or	n lines 11 th	rough 16 (inclue	de property held 1	year or less):			
11	Loss, if any, from line 7				-		11	( )
12	Gain, if any, from line 7 or amount from lin	ie 8, if appli	cable				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a						14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36						15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824						16	
17	Combine lines 10 through 16							
18								
	a and b below. For individual returns, complete lines a and b below.							
а	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter							
	the loss from income producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property							
	used as an employee.) Identify as from "Fo	orm 4797, I	ine 18a." See in	structions	-		18a	
b	Redetermine the gain or (loss) on line 17 e	excluding th	e loss, if any, or					
	Schedule 1 (Form 1040), line 14	<u></u>	<u></u>			<u></u>	18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2018)

Page **2** 

#### Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19	(a) Description of section 1245, 1250, 1252, 1254, c	(b) Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)			
A						
В						
С						
D						
	These columns relate to the properties on					
	lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a				
	Enter the smaller of line 24 or 25a	25b				
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a				
t	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b				
c	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
c	Additional depreciation after 1969 and before 1976	26d				
	Enter the smaller of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
	Add lines 26b, 26e, and 26f	26g				
27 a	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. Soil, water, and land clearing expenses	27a				
	Line 27a multiplied by applicable percentage	27b				
	Enter the smaller of line 24 or 27b	27c				
28	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
	Enter the smaller of line 24 or 28a	28b				
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the smaller of line 24 or 29a. See instructions	29b				

## Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30					
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31					
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion						
	from other than casualty or theft on Form 4797, line 6	32					
P	Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less						

(see instructions)	
--------------------	--

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
8180	12 12-10-18			Form <b>4797</b> (2018)

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### 15181112 131839 039-04122000

2018.05000 UNITED STATES BOWLING CON 039-0411



#### **Credit for Prior Year Minimum Tax - Corporations**

OMB No. 1545-0123

Attach to the corporation's tax return.
 Go to www.irs.gov/Form8827 for the latest information.



#### Employer identification numb UNITED STATES BOWLING CONGRESS, INC. 20-1224922 1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626 1 5,989. 2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827 2 **3** Enter any 2017 unallowed qualified electric vehicle credit (see instructions) 3 5,989. 4 Add lines 1, 2, and 3 4 5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see 0. instructions) 5 2,995. 6 Enter the refundable minimum tax credit (see instructions) 6 2,995 7 7 Add lines 5 and 6 8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions 2,995. 8a b Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c Ο. 8b c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this 2,995. amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return) 8c 9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this 2,994. amount to carry forward and use in future years 9

JWA For Paperwork Reduction Act Notice, see instructions.

(Rev. January 2019)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each re	turn

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying	g number
Туре о	Name of exempt organization or other filer, see instr	Employe	r identification	number (EIN) or		
print					20-1224922	
File by th						
due date filing you return. S	621 STX FLAGS DRIVE	see instruct	ions.	Social se	curity number	(SSN)
instructio		foreign add	ress, see instructions.			
Enter t	he Return Code for the return that this application is for (fi	ile a separa	te application for each return)			0 1
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form §	990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form §	990-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form §	990-PF	04	Form 5227	10		
Form §	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form §	990-T (trust other than above)	06	Form 8870			12
<ul> <li>If th</li> <li>If th</li> <li>box </li> <li>1</li> <li>1</li> <li>1</li> <li>2</li> </ul>	request an automatic 6-month extension of time until the organization named above. The extension is for the org $\mathbf{X}$ calendar year $2018$ or	t Group Exe and atta NOVE1 ganization's, an check rease	mption Number (GEN) <u>ch a list with the names and EINs of</u> <u>MBER 15, 2019</u> , to file return for: d ending on: Initial return	If this is fo all memb	r the whole gro ers the extens npt organizatio	oup, check this ion is for.
	any nonrefundable credits. See instructions.	J, OF 6069, 6	enter the tentative tax, less	3a	\$	0.
b	f this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and			
9	estimated tax payments made. Include any prior year over	payment all	owed as a credit.	3b	\$	0.
с	Balance due. Subtract line 3b from line 3a. Include your p	ayment witl	h this form, if required, by			
	using EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns	3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawa tions.	al (direct deb	bit) with this Form 8868, see Form 84	453-EO an	d Form 8879-E	EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form <b>88</b>	68 (Rev. 1-2019)

(Rev. January 2019)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for each	return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number
Type or						on number (EIN) or
print	UNITED STATES BOWLING CONGRESS, INC.				20-1224922	
File by the	by the the second se					
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 621 SIX FLAGS DRIVE	ee Instruct	ions.	Social se	curity numb	er (551)
instructions.	City, town or post office, state, and ZIP code. For a for ARLINGTON, TX 76011	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			
Applicatio	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	PF	04	Form 5227	10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11		
Form 990	T (trust other than above)	06	Form 8870			12
<ul> <li>If the o</li> <li>If this is</li> <li>box ▶ [</li> <li>1 I rec</li> <li>the</li> <li>▶ [</li> <li>2 If th</li> </ul>	e tax year entered in line 1 is for less than 12 months, cl	Group Exe and atta NOVEN anization's , an heck reasc	mption Number (GEN), ch a list with the names and EINs of <u>IBER 15, 2019</u> , to file return for: d ending on: Initial return	If this is fo	r the whole <u>o</u> ers the exter npt organizat	group, check this nsion is for.
	is application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069	. enter any	refundable credits and			
	mated tax payments made. Include any prior year overp			3b	\$	2,995.
	ance due. Subtract line 3b from line 3a. Include your pa				· ·	
	g EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution: instructior	If you are going to make an electronic funds withdrawal	(direct deb	bit) with this Form 8868, see Form 84			