| 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 990 (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 \$ | | 5,319,523.) |
| | UNITED STATES BOWL | - | | | |
| | DEVELOP INTEREST A | | | | |
| | COMPETITIONS, AND | PROVIDE PROGRAMS | AND SERVICES TO | ITS MEMBERSH | IP. |
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| 4b | (Code:) (Expenses \$ | including gra | nts of \$ |) (Revenue \$ |) |
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| | | | | | |
| 4c | (Code:) (Expenses \$ | including gra | nts of \$ |) (Revenue \$ |) |
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| | | | | | |
| 4d | Other program services (Describe in | Schedule O.) | | | |
| _ | (Expenses \$ | including grants of \$ |) (Revenue \$ | |) |
| 4e | Total program service expenses | 27,604,492. | | | |
| | · · · · · · · · · | | | | Form 990 (2018) |
| 832002 | 12-31-18 | | | | |
| | | | 2 | | |

| 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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| | 000 | (0010) |
|-------|-----|--------|
| 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 | | ^ |
| 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 1b | - | | |
| 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 4 | 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 |
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| 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 | | |
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| 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 | | | | |
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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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| If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 15 | | | | v |
| 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)

832005 12-31-18

| 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 |
| 1 a | Enter the number of voting members of the governing body at the end of the tax year | 1 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 |
| Sec 10a | 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? | ched at | the Code.) | | Yes | |
| Sec 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. 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? | 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 |
| Sec 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 |
| Sec 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> "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 |
| Sec 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 |
| Sec 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 |
| Sec 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 |
| Sec 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> 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? | 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 |
| Sec 10a b 11a b 12a c 13 13 | 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> <i>in Schedule O how this was done</i> 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? | venue (apters, before to confl ces, " de | the <u>Code.</u>) affiliates, affiling the form? icts? escribe lependent | 9 10a 10b 11a 12a 12b 12c 13 | Yes X X X X X X X X | No |
| Sec 10a b 11a b 12a c 13 13 | 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 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. 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> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower 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 | venue (apters, before to confl ces, " de | the <u>Code.</u>) affiliates, affiling the form? icts? escribe lependent | 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 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, 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, 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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| 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 | C) 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 990 (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 8 |
|---|-----------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|----------|---------------------------|-------------------|----------------------|------------------|
| 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 |) . | 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 |
| 3 Did the organization list any former officer, | director or tri | ister | - ke | v en | nnlo | Vee | orl | highest compensated en | nlovee on | | |
| c i | | | | | • | | | • | | 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 | 90 (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) Average hours | | | | (C) Position (check all that apply) | | | (D) Reportable compensation from | (E) Reportable compensation | (F) 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 |
| | | - | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
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| | | - | | | | | | | | |
| | | | | | | | | | | |
| Fotal to Part VII, Section A, line 1c | | | | | | | | 160,244. | | 31,458 |

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| 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 | | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) 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) 1e | | | | | |
| rtion S | f | All other contributions, gifts, gran | its, and | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | similar amounts not included abo | ve 1f | 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 | | > | 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 | Less: cost or other basis and sales expenses | | | | | | |
| | | 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 990 (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 | . | | | |
| | 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 990 (2018) |

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832010 12-31-18

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Form **990** (2018)

15181112 131839 039-04122000

| | | Check if Schedule O contains a response or note to any line in this Part X | | ····· | ······ |
|-----------------------------|----------|---|---------------------------------|-----------------|----------------------------------|
| | | | (A) Beginning of year | | (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 X 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 990 (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. | | | | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | 3a | | ngle Audit | | | |
| Act and OMB Circular A-133? 3a X | | Act and OMB Circular A-133? | | 3a | | <u> </u> |
| 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 |
|------------|----|----|----|-----|---|
|------------|----|----|----|-----|---|

(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 sect | 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)(1)(A)(vi). (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)) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | 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) 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 | 33 1/3% support test - 2018. If the optimized bases The experimentian events | | | | | | |
| L | stop here. The organization qualifies | | - | | | (ar mara abaal th | |
| Ľ | 33 1/3% support test - 2017. If the c | • | | | | | |
| 47. | and stop here. 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) 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 | 33 1/3% support tests - 2018. If the | | | | | | |
| | more than 33 1/3%, check this box at | | | | | | ►X |
| b | 33 1/3% support tests - 2017. If the | | | | | | |
| 00 | line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | |
| | | 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

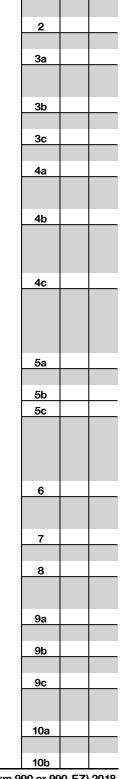
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete 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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832024 10-11-18



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? | | | |
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| 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). 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. Check the box next to the method that the organization and to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization. Scomplete line 3 below. 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. 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. Parent of Supported Organizations. Answer (a) and (b) below. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's involvement. 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> | Sec | tion D. All Type III Supporting Organizations | | | |
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| of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b | b | | | | |
| | | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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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 Part VI): | | | |
| 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 |

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instructions).

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| 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 Part VI). 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 Part VI). 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 Part VI. 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. | |
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| 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 not 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**

823452 11-08-18

....

25

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 4 |
|---------------------------|--|---|--|
| 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 [|) |
|------------|---|
|------------|---|

Department of the Treasury

Internal Revenue Service

| 90) |
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| |

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 | N A |
| | 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 2 |
|--------|---|---------------------------------|-----------------|--------------------------|--------------|------------|--------------|--------------|-----------|---------|--------------|
| Par | t III Organizations Maintaining C | Collections of Ar | 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 | | | | | | . 1 c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | . 1e | | | | |
| f | Ending balance | | | | | | | | _ | | |
| | Did the organization include an amount on F | | | | | | lity? | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | | | |
| Par | t V Endowment Funds. 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 | |
| | *** | | | | | | | | 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 1. (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. | |
| Total. (<i>Column (b) must equal Form 990, Part X, col. (B)</i> 2. 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 2a through 2d | | | 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 | . 4a | 29,551. | | |
| b | Other (Describe in Part XIII.) | . 4b | 920,769. | | |
| с | Add lines 4a and 4b | | | 4c | 950,320. |
| | | | | _ | |
| 5 | Total revenue. Add lines 3 and 4c. (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 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII 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 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII 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. |
| | |
| | |
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| 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 |
| 1 (a) 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 | (f) 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) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations | 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 | (c) 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 – | |
| - | | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | 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 990) | 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) | | | | | | | | |
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| | (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 | NLIN | 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 |
| | | | | | - | | | | | | | | | | | |
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| 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 3 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 | (h) 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 |
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| 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 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| 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 2 |
|---|--|------------------------------|--------------------------------|---------|-------------------------------|
| Part IV Business Transactions Involvi | • | | | | |
| Complete if the organization answered (a) Name of interested person | Yes" on Form 990, Part IV, line 28a, 20 (b) Relationship between interested person and the organization | (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> |
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| 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 | | | | |
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| | | | | | |
| 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> | | | | | |
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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. |
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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.

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | Sec 512(l contr ent | (i) ction (b)(13) trolled tity? |
|---|--------------------------------|---|--|--|--|---|--------------------------------|------------------------------|---|
| | | country) | | 0 | | | | Yes | No |
| | | | | | | | | | |
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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 | 1 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 | s Other transfer of cash or property from related organization(s) 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. | | | | | |
| | | | | | | |

| (a) Name of related c | organization | (b) Transaction type (a-s) | (c) 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) 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 | |
| | | | | | | | | | | |
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Schedule R (Form 990) 2018

| | (Form 990) 2018 |
|----------|-----------------|
| Part VII | Supplemental |

| t VII | Supp | emental | Information. |
|-------|------|---------|--------------|
|-------|------|---------|--------------|

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2018

832165 10-02-18

| Form 990-T | 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 Exempt under section \mathbf{X} 501(c)(3) | | 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 | | T7 |
| | s the corporation a subsidiary in an and identifying number of the pare | | t-subsid | liary controlled group? | ► L | Yes | s X No |
| | of ERIC KAMMLAH | | | 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 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 | 0 (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 990-T (2018) |
| 823701 01-09-19 LHA | For Paperwork Reduction Act Notic | e, see instructions. | | | | | FUTH 330-1 (2018) |

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| 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 | |
| 46 S | ubtract line 45e from line 44 | | | | | . 4 | 16 | 0 |
| 47 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 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 | | | | |
| g <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 |
| 52 Es | stimated tax penalty (see instructions). Check if | Form 2220 is attached 🕨 | L | | | . 5 | 52 | |
| | ax due. 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 |
| 57 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. | | | | | | |
| 58 Er | nter the amount of tax-exempt interest received | or accrued during the tax yea | ar ▶\$ | | | | | |
| . | 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 MIDDLETON | <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 <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 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) (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) (a) From restonal property (if the percentage of rent is based on profit or income) (b) From rest is based on profit or income) (c) Total (d) Control of the rent is based on profit or income) (d) Control for personal property (if the percentage of the rent is based on profit or income) (d) Total deductions. Send on page 1. (e) Total for the rent on page 1. (f) Total deductions directly connected with or allocable to bether financed property (attach schedule) (f) Straight line depreciation (g) (f) Other deductions directly connected with or allocable to bether financed property (attach schedule) (f) Straight line depreciation (g) (f) Other deductions (get instance property (attach schedule) (g) Straight line depreciation (get instance property (get instance property (attach schedule) (1) Image: Image: | | | | | | | | | |
| (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) (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. | 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% <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) < | | | | | | | | | |
| 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 | 2. 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 | | | | | | | | | | | | |
| 1 . Desc | cription of inco | me | | | 2. Amoun | t of income | | 3. Deduction directly connect (attach schedu | cted | 4. 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 | 6. 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 | | 3. 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 | | Excess readership costs (column 6 minus column 5, but not more than column 4). |
| (1) | | | | | | | | | | | | |
| (2) | | | | | _ | | \vdash | | | | | |
| (1) (2) (3) | | | | | | | F | | | | | |
| | | | | | | | | | | | | |

0.

0.

823731 01-09-19

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.

823732 01-09-19

(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 9 | |
| | | | | 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) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949 Part I, line 2, column (g) |), | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) | |
| round off cents to whole dollars. 1a 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 Box A checked | | | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | | |
| 3 Totals for all transactions reported on | | | | | 2. | |
| Form(s) 8949 with Box C checked | from Form COED, line OC or D | 7 | | 4 | <u>∠.</u> | |
| 4 Short-term capital gain from installment sales5 Short-term capital gain or (loss) from like-king | | | | <u>4</u> 5 | | |
| 6 Unused capital loss carryover (attach computation) | | | | 6 | (| |
| 7 Net short-term capital gain or (loss). Combined | | | | 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) | (e) Cost (or other basis) | (g) 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 | | | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | | |
| 9 Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box E checked | 1,964. | 1,559. | | | 405. | |
| 10 Totals for all transactions reported on | | | | | | |
| Form(s) 8949 with Box F 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 | x. 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. |
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| 2 Totals. Add the amounts in colu | | | | | | | |
| negative amounts). Enter each t | | | | | | | |
| Schedule D, line 1b (if Box A 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 | | | | ., | | • | • |

58

2018.05000 UNITED STATES BOWLING CON 039-0411

| Form 8949 (2018) | | | | Attachn | nent Sequenc | e No. 12A | Page 2 | | |
|---|--|---|---|---|--|---|--|--|--|
| 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 x. 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). | | |
| | (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS | | | | | | | | |
| (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) | (g) 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. | | |
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| 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 2 | | | |
|---|--|-----------------------|---------------------------|---|---------------------------------------|--|--|--|--|--|
| 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 | 10\$\$. 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 Note below and | column (f). | See instructions. | Subtract column (e) from column (d) & | | | |
| | | (Mo., day, yr.) | | see Column (e) in | (f) | (g) 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. | | | |
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| 2 Totals. Add the amounts in colur | | | | | | | | | | |
| negative amounts). Enter each to Schedule D, line 8b (if Box D 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 4797 | | | | | | |
|--|--|--|--|--|--|--|
| 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 | |
|---|--------------------------------|--------------------------------------|----------------------------------|-----------------------|--|---|---|--|
| 1 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. |
| | Partnerships and S corporations. 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.) | (c) 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 | If section 1250 property: 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 smaller of line 24 or line 26a. See instructions | 26b | | | | |
| c | Subtract line 26a from line 24. If residential rental property or 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 4797 (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 |
| If th If th box 1 1 1 2 | 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 88 | 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 |
| If the o If this is box ▶ [1 I rec the ▶ [2 If th | 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 | | | |