Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No 1545-0047

2009

Open to Public Inspection

benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements

A Fo	rthe 2	2009 cale	endar yea	r, or tax year beginning 08-01-2009 and ending 07-31-2010				
B Che	eck if ap	pplicable	Please	C Name of organization UNITED STATES BOWLING CONGRESS INC		D Employer	identific	ation number
☐ Add	lress cha	ange I	922					
┌ Nar	ne chan	ne number						
┌ Init	ıal retur	m S	type. See Specific	Number and street (or P O box if mail is not delivered to street address:	Room/suite	(800) 51		
┌ Ter	mınated	d 1	Instruc- tions.	621 Sıx Flags Drıve	,	G Gross receip	pts \$ 60,0	34,554
┌ Am	ended r	return		City or town, state or country, and ZIP + 4				
☐ Apr	lication	pending		Arlington, TX 76011				
		` `	F Nan	ne and address of principal officer	U/a) 1		6	
						ıs a group ret ites?		┌Yes ┌No
				k Flags Drive				
			Aimge	3,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		ll affiliates incl		Yes No
Ta:	x-exem	pt status	▽ 501(c)	(3) ◀ (insert no)		o, attachan ip exemption		ınstructions) ▶-
	ebsit e	: ► www	bowl com		(0)	,		
					I		14 a	
_		Summ	•	ion Trust Association Other ▶	L Year of fo	rmation 2004	M State	of legal domicile WI
Ге				e organization's mission or most significant activities				
		To develo	op interes	t and participation in the sport of bowling, overseeing compet	ition, and pr	oviding progr	ams and	services to its
3		members	hip					
區								
ē								
Governance	2	Check th	ıs box 🛏	if the organization discontinued its operations or disposed o	f more than	25% of its ne	et asset	s
×6	3 Number of voting members of the governing body (Part VI, line 1a)							32
<u> es</u>	4	Number	4	26				
Activities	1			nployees (Part V , line 2a)			5	360
AC				lunteers (estimate if necessary)			6	45
		-		ted business revenue from Part VIII, column (C), line 12.	•			346,789
	ь	Net unrei	ated busi	ness taxable income from Form 990-T, line 34		.,	7b	0
		Contrib	itions and	Lavanto (Davit VIII Line 1 h)	Pric	or Year	+	Current Year
ā	8			I grants (Part VIII, line 1h)		25,315,036	_	23,767,989
Ravenu	9 10			ne (Part VIII, illie 29)		374,594		20,890,546
ž	11			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,135,878		3,160,400
	12		,	id lines 8 through 11 (must equal Part VIII, column (A), line		2,133,070	1	3,100,400
						51,610,578	1	47,983,859
	13	Grants a	and simila	r amounts paid (Part IX, column (A), lines 1-3)		924,756	5	2,437,024
	14			r for members (Part IX, column (A), line 4)				0
92	15	Salaries 10)	, other co	mpensation, employee benefits (Part IX, column (A), lines 5-		13,030,742		12,098,020
Expenses	16a	•	ional fund	raising fees (Part IX, column (A), line 11e)		10,000,7	+	0
⊕	ь							
ш	17		tal fundraising expenses (Part IX, column (D), line 25) • 0 ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f) tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			43,064,950	,	33,590,640
	18					57,020,448		48,125,684
	19			enses Subtract line 18 from line 12		-5,409,870	+	-141,825
8 G G			<u>'</u>		Beginnin	g of Current		End of Year
10 50					_	'ear	1	
sset Jake	20	Total as	sets (Par	t X, line 16)	_	′ear 68,071,410		33,794,770
at Assets and Bafass	20 21			t X, line 16)	_			33,794,770
Net Assets or Fund Balances	1	Total lia	ıbılıtıes (F		_	68,071,410	:	
	21	Total lia Net ass	ıbılıtıes (F	d balances Subtract line 21 from line 20	_	68,071,410 57,386,382	:	22,868,292

Sign Signature of officer Here Susan Merrill Officer
Type or print name and title Preparer's signature Keith E Rode CPA Date Paid Preparer's Firm's name (or yours Clifton Gunderson LLP if self-employed), address, and ZIP + 4 **Use Only** 8215 Greenway Boulevard Suite 600

May the IRS discuss this return with the preparer shown above? (see instruction

Mıddleton, WI 53562

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To develop interest and participation in the sport of bowling, overseeing competition, and providing programs and se	arvicae to ite mamharchin

	Did the organization	on undertake any signific	ant program services during	the year which were not listed on	
_	-	O or 990-EZ?		· · · · · · · · · · · ·	┌ Yes ┌ No
	If "Yes," describe	these new services on S	chedule O		
3	_	- ·	make significant changes in l	how it conducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Sched	ule O		
4	Section 501(c)(3)	and 501(c)(4) organiza	3	n's three largest program service:) trusts are required to report the program service reported	· ·
 4а	(Code) (Expenses \$	40,430,926 including grant	s of \$ 2,437,024) (Revenue	e \$ 22,894,283)
		g Congress,Inc is an organiza es to its membership	tion formed to develop interest and	d participation in the sport of bowling, over	ersee competitions, and provide
4b	(Code) (Expenses \$	ıncludıng grants	s of \$) (Revenue	\$)
4c	(Code) (Expenses \$	ıncludıng grants	s of \$) (Revenue)
4d	Other program s	ervices (Describe in Sch	nedule O)		
	(Expenses \$	ınc	luding grants of \$) (Revenue \$)
4e	Total program se	ervice expenses►\$	40,430,926		

Dart TV	Checklist	of De	auired	Schad	عمارر
4·11 4 3/4	CHECKHSL	UI RE	uuncu	Scheu	uici

	_					
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	Yes			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No		
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		Νο		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		Νο		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No		
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No		
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes			
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.					
	◆ 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.					
	◆ 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.					
	◆ 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.					
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.					
	◆ 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? If "Yes," complete Schedule D, Part X.					
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes			
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No					
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No		
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο		
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No		
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		N o
32	Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
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		Νο
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

orm	990 (2009)			Page \$
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
		527		
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	О		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	. 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	360		
b	return	300		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	. 3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or givere not tax deductible?	ıfts 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	d to . 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. 7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	required?			
9	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

 \boldsymbol{b} . If "Yes," enter the amount of tax-exempt interest received or accrued during the

year

12a

12b

621 Six Flags Drive Arlington, TX 76011 (800) 514-2695

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 32			
ь	Enter the number of voting members of the governing body			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? \cdot \cdot	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		Yes	NI-
102	Does the organization have local chapters, branches, or affiliates?	10a	Yes	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b	Yes	
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	100	162	
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		Νo
Ь	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure		<u>'</u>	
17	List the States with which a copy of this Form 990 is required to be filed <u>►WI</u>			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
20	interest policy, and financial statements available to the public. See Additional Data Table.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the SUSAN MERRILL	e orga	nizatior	1 🟴

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 reportable 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, or 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 the organization did i	not compen	sate any	/ curi	rent	or fo	rmer c	office	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►12

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
JHL MAIL MARKETING INC 3100 BORHAM AVENUE STEVENS POINT, WI 54481	MEMBERSHIP FULFILLMENT	414,962
MICHAEL BEST & FRIEDRICH 100 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	LEGAL SERVICES	373,934
Luby Publishing 122 S Michigan Ave Ste 1506 Chicago, IL 60603	Publication services	292,000
Passkey International Inc 180 Old Colony Avenue Quincy, MA 02170	Software Licensing	167,750
ELAN MERCHANT SERVICES 7300 CHAPMAN HIGHWAY KNOXVILLE, TX 37920	BANK PROCESSING CHARGES	167,562
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5) who received more than	

Form 99			-f Davisson					Page 9
Part	/ 	Statement o	от кечепие		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1a	Federated camp	paigns 1a	ı				
Contributions, gifts, grants and other similar amounts	ь	Membership du	es	23,116,542				
gğ	c	Fundraising eve	ents 1c					
£ ±	d	Related organiz	ations 1d					
s, g ⊞ii	e	Government grants	s (contributions) 1e					
흜	f	All other contribution	ons, gifts, grants, and 1f	651,447				
돌	-	sımılar amounts no	t included above					
重	g		butions included in					
S E	h			▶	23,767,989			
				Business Code				
une Line	2a	TOURNAMENTS		713,990	17,319,784	17,319,784		
Program Serwce Revenue	ь	SPECIAL EVENTS, E	BOOTHS	713,990	1,556,750	1,556,750		
ъ П	_ ا	BRACKETS & SWEE		713,990	1,529,252	1,529,252		
rws	d	ADVERTISING INCO		541,800	346,789	1,323,232	346,789	
33	_ e	EQUIPMENT TESTIN		713,990	137,971	137,971	310,703	
ran	f		im service revenue	713,990	137,971	157,971		
rogi	'	All other progra	iiii seivice levellue					
	g	Total. Add lines	32a-2f		20,890,546			
	3		ome (including dividen	. h	152 504			152.604
	and other similar amounts)				152,684			152,684
	4				809,874			809,874
	5	Royalties	(ı) Real	(II) Personal	303,671			005,071
	6a	Gross Rents	(I) Keal	(II) Fersonal				
	ь	Less rental						
	 c	expenses Rental income						
		or (loss)	(1)					
	d	Net rental incor	me or (loss) (i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	11,088,695	12,240				
	ь	Less cost or other basis and	11,088,695					
		sales expenses		12.240				
	c .	Gain or (loss)	0	12,240	12,240			12,240
	d 8a		s)	· · · · · · · ·	12,240			12,240
Other Revenue			luding reported on line 1c)					
æ		See Part IV, lin	e 18 a					
Jer	ь	Less direct exi	penses b					
5	c		loss) from fundraising	events 🟲				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	b c		penses b loss) from gamıng actı					
	10a	Gross sales of returns and allo	- · · · · · · · · · · · · · · · · · · ·	2,009,051				
	ь	Less cost of go	oods sold b	962,000				
	С	Net income or (loss) from sales of inve	entory 🕨	1,047,051	1,047,051		
		Miscellaneous	s Revenue	Business Code				
	11a	MISCELLANEO	OUS	900,099	1,771,792	1,771,792		
	ь	Investment in N	New Era	531,390	-468,317	-468,317		
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		1,303,475			
	12	Total revenue.	See Instructions .	▶	47,983,859	22,894,283	346,789	974,798

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.										
	ll other organizations must complete column (A) but are not required to	complet e column			(D)						
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and organizations										
	ın the U S See Part IV, line 21	2,079,550	2,079,550								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	357,474	357,474								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees				_						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	9,833,184	6,718,417	3,114,767							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	272,198	188,847	83,351							
9	Other employee benefits	1,287,161	672,815	614,346							
10	Payroll taxes	705,477	489,449	216,028							
11	Fees for services (non-employees)										
а	Management										
b	Legal	416,009	14,116	401,893	_						
c	Accounting	75,866		75,866							
d	Lobbying										
e	Professional fundraising See Part IV, line 17										
f	Investment management fees										
g	Other	2,034,743	1,855,131	179,612							
12	Advertising and promotion	3,932,210	3,896,889	35,321							
13	Office expenses	4,053,719	3,730,765	322,954							
14	Information technology	162,814	162,814								
15	Royalties										
16	Occupancy	1,101,509		1,101,509							
17	Travel	1,483,827	919,352	564,475							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		·	,							
19	Conferences, conventions, and meetings	221,449	187,454	33,995							
20	Interest	17,339		17,339							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	905,094	389,190	515,904							
23	Insurance	316,049	91,814	224,235							
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	AWARDS & PRIZES	11,670,703	11,670,703	0							
ь	LINEAGE	3,062,497	3,062,497	0							
c	TEMPORARY EMPLOYEE AGEN	3,045,653	3,034,738	10,915							
d	MAINTENANCE & RENTAL	501,109	488,300	12,809							
e	PROFESSIONAL FEES & TRA	128,390	86,055	42,335							
f	All other expenses	461,660	334,556	127,104							
25	Total functional expenses. Add lines 1 through 24f	48,125,684	40,430,926	7,694,758	0						
26	Joint costs. Check here F if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,	,,	, ,,,,,,							

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			23,777,867	1	6,041,258
	2	Savings and temporary cash investments			117,032	2	4,117,031
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,341,869	4	3,101,281
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		4958(f)(1)) and			
		Schedule L				6	
ë	7	Notes and loans receivable, net			1,200,000	7	_
ssets	8	Inventories for sale or use			383,844	8	1,116,213
⋖	9	Prepaid expenses and deferred charges			705,757	9	701,727
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	30,526,309			
	ь	Less accumulated depreciation	10b	20,793,044	9,770,229	10c	9,733,265
	11	Investments—publicly traded securities				11	854,245
	12	Investments—other securities See Part IV, line 11			29,737,536	12	8,086,444
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			37,276	15	43,306
	16	Total assets. Add lines 1 through 15 (must equal line 34)			68,071,410	16	33,794,770
	17	Accounts payable and accrued expenses .			14,553,447	17	13,359,828
	18	Grants payable				18	
	19	Deferred revenue			7,854,167	19	7,317,258
	20	Tax-exempt bond liabilities				20	
<u>@</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
=======================================		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	•			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			34,978,768	25	2,191,206
	26	Total liabilities. Add lines 17 through 25			57,386,382	26	22,868,292
~		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27			_
Balance		through 29, and lines 33 and 34.					
듄	27	Unrestricted net assets			10,296,859	27	10,538,309
8	28	Temporarily restricted net assets				28	
Ξ	29	Permanently restricted net assets			388,169	29	388,169
Fund		Organizations that do not follow SFAS 117, check here ► ☐ an	d com	plete			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32	
Net	33	Total net assets or fund balances			10,685,028	33	10,926,478
	34	Total liabilities and net assets/fund balances			68,071,410	34	33,794,770

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization UNITED STATES BOWLING CONGRESS INC

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

Public Charity Status and Public Support

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

Employer identification number

Da	rt I	Peac	on for Dul	hlic Charity Stat	ue (All org	anizations	must comp	lata this no	20-122492 ort \ See unc			
				blic Charity Stat e foundation because						u ucuons		
1	ya			on of churches, or as					` /			
2	<u>'</u>		•	in section 170(b)(1)				ヘーハウハリ・				
3	<u></u>			perative hospital serv				170(b)(1)(A)(iii).			
4	, _	•		organization operate	_)(A)(iji), Ent	erthe	
•	•			cy, and state	ou in conjune	.c.on men a	iospital dese	m see	1011 27 0(2)(2)	,(,(), <u></u>		
5	Γ			erated for the benefit		or university	owned or op	perated by a	governmenta	l unit describ	ed in	
	_			A)(iv). (Complete Pa								
6	<u> </u>			local government or	-							
7	ı	describ	ed ın	t normally receives a A)(vi) (Complete Pa		l part of its s	upport from a	a governmen	tal unit or fro	m the genera	l public	C
8	Γ	A comr	nunity trust	described in section	170(b)(1)(A	(Com	plete Part II)				
9	<u>~</u>	Anorga	nızatıon tha	t normally receives	(1) more tha	an 331/3% o	fits support i	from contribi	utions, memb	ership fees, a	and gro	SS
		receipt	s from activi	ties related to its ex	empt functio	ns—subject	to certain ex	ceptions, an	ıd (2) no more	than 331/3%	6 of	
		ıts supj	oort from gro	ss investment incom	ne and unrela	ated busines	s taxable inc	ome (less s	ection 511 ta	ıx) from busıı	nesses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	ee sect ion 5 0	09(a)(2). (Co	mplete Part	III)			
10	\sqcap	Anorga	anızatıon org	anızed and operated	exclusively	to test for p	ublic safety :	See section 5	509(a)(4).			
11 e f	Γ	one or i the box a	more publici that describ Type I cking this bo nan foundatio 509(a)(2) rganization i	anized and operated y supported organiza pes the type of suppo b Type II ex, I certify that the con managers and oth	tions describ orting organize c organization i er than one c	bed in section and control of the section and control of more publications.	on 509(a)(1) omplete lines - Functionall olled directly icly supporte	or section 5 in 11e through y integrated or indirectly d organization	09(a)(2) See h 11h d by one or mo ons described	Type I Type I ore disqualified in section 5	(a)(3). II - Ot ed pers 09(a)(. Check her ons 1) or
g				006, has the organiz	ation accept	ted any gift o	or contributio	n from any o	f the			, I
		(i) a pe	rson who dir	ectly or indirectly co	ntrols, eithe	r alone or to	gether with p	ersons desc	rıbed ın (ıı)		Yes	No
		and (III)) below, the (governing body of the	the support	ed organiza	tion?			11g(i)		<u> </u>
		(ii) a fa	mily membe	r of a person describ	ed in (i) abov	ve?				11 g(ii)		<u> </u>
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) al	ove?			11g(iii)	
h		Provide	the followin	g information about t	he supporte	d organizatio	on(s)					
	(i) Name suppo rganiz	e of	ted EIN lines 1-9 above			(iv) Is the organization in col (i) listed in your governing document?		tify the tion in f your rt?	(vi) Is th organizat col (i) org	e tion in janized	A m	(vii) ount of pport?
				(see instructions))	Yes	No	Yes	No	Yes	No	1	
Tota												

ınstructions

:	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIIE J,	,, or o or rait.	· · /		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the						
_	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	the organization without charge				+		
	Total. Add lines 1 through 3 The portion of total contributions by						
5	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						
6	(f) Public Support. Subtract line 5 from						
U	line 4						
S	ection B. Total Support						
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	in)		. ,	` ,	, ,		+ ` ′
7	A mounts from line 4						
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
12	through 10) [Gross receipts from related activities	os ats /Saa inst	rustions \			140	
	·	•	•		661	12	<u> </u>
13	First Five Years If the Form 990 is for check this box and stop here	or the organizati	on's first, second	, thira, fourth, or	TITTN tax year as a	501(c)(3) orga	inization,
	check this box and stop here						. ,
S	ection C. Computation of Pub						
14	Public Support Percentage for 2009	(line 6 column ((f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A, Pa	rt II, lıne 14			15	
16a	33 1/3% support test—2009. If the	-		,	line 14 is 33 1/3%	6 or more, chec	- -
_	and stop here. The organization qua				- 11 4-		▶
Ь	33 1/3% support test—2008. If the box and stop here. The organization				ba, and line 15 is	33 1/3% or moi	re, check this
17a	10%-facts-and-circumstances test-			-	ne 13.16a or 16	b and line 14	F-1
	is 10% or more, and if the organizat						ın
	ın Part IV how the organization mee						orted
	organization						▶ ┌
b	10%-facts-and-circumstances test-	_					
	15 is 10% or more, and if the organ Explain in Part IV how the organizat						cly
	supported organization	.ion meets the T	acis allu CIICUMS	tances test Inc	: organization qua	iiiiles as a publi	e iy ▶[
10	Deirecta Considering If the average to	an did not abasi	a hay an line 12	16- 16- 17	17	hay and sas	- ,

▶□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Se	ection A. Public Support	a chiconca the i	30% GIT IIII G 5 G	r ditt 11)			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) ⊤otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	24,732,485	28,552,483	27,967,672	25,315,036	23,767,989	130,335,665
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	18,324,093	22,008,180	19,141,931	24,077,886	22,371,614	105,923,704
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	43,056,578	50,560,663	47,109,603	49,392,922	46,139,603	236,259,369
	A mounts included on lines 1, 2, and 3 received from disqualified persons						C
b	A mounts 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						C
c	Add lines 7a and 7b						C
8	Public Support (Subtract line 7c from line 6)						236,259,369
	ection B. Total Support						
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	beginning in) A mounts from line 6	43,056,578	50,560,663	47,109,603	49,392,922	46,139,603	236,259,369
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	3,501,575	4,401,754	4,296,304	1,661,167	506,481	14,367,281
b	Unrelated business taxable income (less section 511 taxes) from businesses			286,860	95,970	346,789	729,619
С	acquired after June 30, 1975 Add lines 10a and 10b	3,501,575	4,401,754	4,583,164	1,757,137	853,270	15,096,900
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	628,004	1,393,312	483,282	1,073,186	526,441	4,104,225
13	Total support (Add lines 9, 10c, 11 and 12)	47,186,157	56,355,729	52,176,049	52,223,245	47,519,314	255,460,494
14	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or	fifth tax year as a	a 501(c)(3) organ	lization, ▶☐
	ection C. Computation of Pub						
15	Public Support Percentage for 2009	•	•	13 column (f))		15	92 480 %
16	Public cupport percentage from 201	10 Cabadula 1 D	art III lina 1 E			امما	04 500 04

15	92 480	%
16	91 590	%

			_
Section D	Computation of	of Investment Income	Dercentage

Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) 17

18 Investment income percentage from 2008 Schedule A, Part III, line 17

1/		0	
18	6 67	0	%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported ►V organization

 $\textbf{33 1/3\% support tests-2008.} \ \textbf{If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3\% and line 16 is more than 34 1/3$ 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 20-1224922

Name: UNITED STATES BOWLING CONGRESS INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per	Posi t	tion (that a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
LYNDA BARNES DIRECTOR	2 50	×						0	0	0		
THOMAS BLUTH DIRECTOR - AT LARGE	2 50	х						0	0	0		
KAYLA CHICK DIRECTOR	2 50	х						0	0	0		
BARBARA CHRISMAN DIRECTOR	2 50	Х						0	0	0		
PERRY DANIELS DIRECTOR	2 50	Х						0	0	0		
CAROLYN DORIN-BALLARD DIRECTOR	2 50	Х						0	0	0		
LIBBI FLETCHER DIRECTOR	2 50	Х						0	0	0		
NICHOLAS HOAGLAND DIRECTOR	2 50	Х						0	0	0		
SUZANNE HUEBEL DIRECTOR	2 50	Х						0	0	0		
MICHAEL ITALIA DIRECTOR	2 50	х						0	0	0		
Bob Klatt DIRECTOR	2 50	х						0	0	0		
WENDY MACPHERSON DIRECTOR	2 50	Х						0	0	0		
TONY MANNA JR DIRECTOR	2 50	Х						0	0	0		
MITCH MITCHELL DIRECTOR	2 50	Х						0	0	0		
STEPHEN MOEHRLE DIRECTOR	2 50	Х						0	0	0		
MICHAEL CARROLL DIRECTOR	2 50	Х						0	0	0		
JAMES PETERS DIRECTOR	2 50	Х						0	0	0		
Jay Nephew DIRECTOR	2 50	Х						0	0	0		
JIM STURM DIRECTOR	2 50	Х						0	0	0		
MARCI WILLIAMS DIRECTOR	2 50	Х						0	0	0		
Vernon Perterson Director	2 50	Х						0	0	0		
JEFF BOJE PRESIDENT	2 50			х				0	0	0		
TAMORIA ADAMS SECRETARY	2 50			х				0	0	0		
DARLENE BAKER PRESIDENT ELECT	2 50			х				0	0	0		
ANDREW CAIN 3RD VICE PRESIDENT	2 50			Х				0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours Position (check all that apply)					I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
TOMMY GANN 2ND VICE PRESIDENT	2 50			Х				0	0	0
Stuart Upson Executive Director	40 00			X				115,273	0	6,300
Brian Lewis Managing Director, Tournaments	40 00			х				140,524	0	9,227
Kevin Dornberger Former Chief Operating Officer	40 00			х				277,230	0	14,862
Jack A Mordini Former Vice President, Membership	40 00			х				225,000	0	13,501
NEIL STREMMEL VICE PRESIDENT, GOVERNING	40 00			х				124,785	0	10,829
PETER TREDWELL VICE PRESIDENT, MEDIA/MARK	40 00			X				145,410	0	10,692
SUSAN MERRILL VICE PRESIDENT/CFO	40 00			х				175,000	0	11,936
James O berholtzer Former Vice President, IT	40 00			х				151,965	0	6,300
John-Paul Estes Managing Director, IT	40 00			х				95,000	0	9,227
Brian Graham Director of Youth Development	40 00					Х		110,787	0	9,816
Jason Overstreet Director of PR and Publishing	40 00					Х		110,909	0	10,367
Brandı Connolly Dırector of Marketing and Sales	40 00					х		102,971	0	8,796

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
TOURNAMENTS	713,990	17,319,784	17,319,784		
SPECIAL EVENTS, BOOTHS	713,990	1,556,750	1,556,750		
BRACKETS & SWEEPS	713,990	1,529,252	1,529,252		
ADVERTISING INCOME	541,800	346,789		346,789	
EQUIPMENT TESTING	713,990	137,971	137,971		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
AWARDS & PRIZES	11,670,703	11,670,703	0	
LINEAGE	3,062,497	3,062,497	0	
TEMPORARY EMPLOYEE AGEN	3,045,653	3,034,738	10,915	
MAINTENANCE & RENTAL	501,109	488,300	12,809	
PROFESSIONAL FEES & TRA	128,390	86,055	42,335	

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DLN: 93493165008091

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

terna	Il Revenue Service	► Attach to Fo	orm 990. 🟲 See separate instructions.	<u> </u>		Inspec	tion
	me of the organiza			Emp	loyer identificat	ion numb	er
UN:	ITED STATES BOWLING	CONGRESS INC		20	1224922		
Pa	rt I Organiz	ations Maintaining Donor Ad	dvised Funds or Other Simila			Comple	te if the
		tion answered "Yes" to Form 99					
			(a) Donor advised funds	((b) Funds and ot	her accou	nts
1	Total number at e	end of year					
2	Aggregate contrib	butions to (during year)					
3	Aggregate grants	from (during year)					
4	Aggregate value a	at end of year					
5	_		sors in writing that the assets held in organization's exclusive legal control		sed	☐ Yes	┌ No
6	used only for cha	<u> </u>	donor advisors in writing that grant fu efit of the donor or donor advisor, or f			☐ Yes	┌ No
Pa	rt III Conserv	vation Easements. Complete	ıf the organızatıon answered "Ye	s" to Forr	n 990, Part IV	, lıne 7.	
1	Preservation Protection of Preservation	nservation easements held by the or n of land for public use (e g , recreati f natural habitat n of open space	on or pleasure) Preservation o	of a certifie	ıcally ımportantl d hıstorıc struct	•	a
2	•	a-2d if the organization held a quali last day of the tax year	fied conservation contribution in the	form of a co	T		Vana
а	Total number of o	conservation easements			Held at the I	end or the	теаг
a b		stricted by conservation easements		2b			
	_	rvation easements on a certified his					
C		rvation easements included in (c) a	. ,	2c			
d			•	2d			
3		rvation easements modified, transfe	rred, released, extinguished, or termi	inated by th	ie organization d	uring	
4	Number of states	s where property subject to conserva	ation easement is located ►				
5		ation have a written policy regarding ne conservation easements it holds?	g the periodic monitoring, inspection,	handling of	violations, and	☐ Yes	┌ No
6	Staff and volunte	er hours devoted to monitoring, insp	ecting and enforcing conservation ea	sements d	uring the year ►		
7	A mount of expen	ses incurred in monitoring, inspecti	ng, and enforcing conservation easem	nents durin	g the year 🟲 🕏 👝		
8		ervation easement reported on line 2 and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of	fsection		┌ Yes	┌ No
9	balance sheet, ar		onservation easements in its revenue he footnote to the organization's finar nents				
Par			ns of Art, Historical Treasure 'Yes" to Form 990, Part IV, line 8		her Similar A	\ssets.	
1a	art, historical tre	asures, or other similar assets held	116, not to report in its revenue stat for public exhibition, education or res ancial statements that describes the	search in fu			e,
b	historical treasur		116, to report in its revenue stateme public exhibition, education, or resear				
	(i) Revenues inc	luded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets includ	ded in Form 990, Part X			► \$		
2	If the organizatio	·	orical treasures, or other similar asse S 116 relating to these items	ts for finan	·		_
а		ed in Form 990, Part VIII, line 1	-		▶ \$		

Assets included in Form 990, Part X

	Using the organization's accession and othe	r records, check an	v of th	ne foll			e a signific		r Similar As se of its collect		•
	items (check all that apply)		,	_	_		-				
а	Public exhibition		d	Г	Loan o	rexcl	nange prog	rams			
b	Scholarly research		e	\sqcap	O ther						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	w the	/ further	the c	rganızatıoı	n's ex	empt purpose	ın	
5	During the year, did the organization solicit			,						_	_
	assets to be sold to raise funds rather than t									Yes	No
Pali	Part IV, line 9, or reported an ar						i answere	a "Y	es" to Form 9	190,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ions	or other ass	sets r		☐ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	/ıng ta	able		Г		An	nount	
c	Beginning balance						ļ	1c			
d	Additions during the year						ţ	1d			
e	Distributions during the year						ŀ	1e			
f	Ending balance						ļ	1f			
2a	Did the organization include an amount on Fo	orm 990. Part X lin	ne 212				L			┌ Yes	
	If "Yes," explain the arrangement in Part XIV									,	,
	rt V Endowment Funds. Complete		n ans	were	ed "Yes	" to	Form 990	, Par	t IV, line 10.		
		(a)Current Year		Prior \			o Years Back		Three Years Back	(e)Four \	ears Back
la	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
с	Term endowment ▶										
									the		
3a	Are there endowment funds not in the posse	ssion of the organiz	zation	that a	re held	and a	dmınıstere	d for			
3а	organization by	ssion of the organiz	zation	that a	re held	and a	dmınıstere	d for		Yes	No
3a	organization by (i) unrelated organizations			that a	re held	and a	dmınıstere	d for	3a(i)	No
	organization by (i) unrelated organizations (ii) related organizations							d for	3a(i) ii)	No
b	organization by (i) unrelated organizations	ns listed as require	 . d on S	Sched	 ule R?			d for	3a(i) ii)	No
ь 4	organization by (i) unrelated organizations		d on S	ched	ule R?				3a(i) ii)	No
ь 4	organization by (i) unrelated organizations		d on S	ent fu	ule R?			10.	3a(i) ii)	No N
b 4 Par	organization by (i) unrelated organizations		d on S	ent fu	ule R? nds orm 99		art X, line (b)Cost or or basis (oth	10. other	3a(3a(3a(3l	i) ii)	ook value
b 4 Par	organization by (i) unrelated organizations		d on S	ent fu	ule R? nds orm 99		art X, line (b)Cost or or basis (oth	10. other er) 2,400	3a(3l 3l	i)	ook value
b 4 Par 1a l	organization by (i) unrelated organizations		d on S	ent fu	ule R? nds orm 99		art X, line (b)Cost or or basis (oth	10. other	3a(3a(3a(3l	i)	ook value
ь 4 Раг 1а І ь І	organization by (i) unrelated organizations		d on S	ent fu	ule R? nds orm 99		art X, line (b)Cost or or or basis (oth 57	10. other er) 2,400	(c) Accumulated depreciation	i) ii) o l (d) B	ook value 572,400 1,174,869
4 Par 1a b c d	organization by (i) unrelated organizations		d on S	ent fu	ule R? nds orm 99		(b)Cost or obasis (oth	10. other er) 2,400	(c) Accumulated depreciation 4,774,82	i) ii) o l (d) B 27	

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method (of valuation
(including name of security)	(b)Book value	Cost or end-of-y	
Financial derivatives			
Closely-held equity interests Other			
INVESTMENT IN New ERA BOWLING	8,086,444		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	8,086,444		
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method	of valuation ear market value
		Cost of elia-oi-y	ear market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	0.15		
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION	5.) , line 25. (b) A mount		(b) Book value

Total revenue (Form 990, Part VIII, column (A), line 12)

47,983,859

3	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	48,125,684
5 Donated services and use of facilities 5 6 7 7 7 7 7 7 7 7 7	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-141,825
New Street the Expenses Content of Cont	4	Net unrealized gains (losses) on investments	4	257,470
7	5	Donated services and use of facilities	5	
Note Content Part XIV	6	Investment expenses	6	
9 Total adjustments (net) Add lines 4 - 8 9 383,275 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 241,450 251,470 26	7	Prior period adjustments	7	
9 Total adjustments (net) Add lines 4 - 8 10 241,450	8	Other (Describe in Part XIV)	8	125,805
10	9		9	383,275
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1. Total revenue, gains, and other support per audited financial statements	10		10	241,450
A mounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	Part		er R	eturn
Net unrealized gains on investments	1	Total revenue, gains, and other support per audited financial statements	1	49,671,646
b Donated services and use of facilities 2b 4	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c d Other (Describe in Part XIV) 2d 962,000 e Add lines 2a through 2d 2e 1,219,470 3 Subtract line 2e from line 1 <t< th=""><th>а</th><th>Net unrealized gains on investments</th><th></th><th></th></t<>	а	Net unrealized gains on investments		
d Other (Describe in Part XIV) 2d 962,000 4 e Add lines 2a through 2d	b	Donated services and use of facilities		
4dd lines 2a through 2d 2e 1,219,470 3 Subtract line 2e from line 1 3 48,452,176 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a 4a b Other (Describe in Part XIV) 4b -468,317 4c -468,317 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 4c -468,317 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements with Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 2a 4 49,087,684 6 Prior year adjustments 2a 4 49,087,684 6 Prior year adjustments 2a 4 49,087,684 6 Prior year adjustments 2a 4 4 4 6 Other losses 2a 4 962,000 7 4a 962,000 4 4 4 8 Prior year adjustments 2a 962,000 4 4 4 <th>c</th> <th>Recoveries of prior year grants</th> <th></th> <th></th>	c	Recoveries of prior year grants		
3 Subtract line 2e from line 1 3 48,452,176 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a <th>d</th> <th>Other (Describe in Part XIV) </th> <th></th> <th></th>	d	Other (Describe in Part XIV)		
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)	e	Add lines 2a through 2d	2e	1,219,470
A	3	Subtract line 2e from line 1	3	48,452,176
b Other (Describe in Part XIV) 4b -468,317 c Add lines 4a and 4b 4c -468,317 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 47,983,859 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 A mounts included on line 1 but not on Form 990, Part IX, line 25 1 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) 2e 962,000 e Add lines 2a through 2d <th>4</th> <th>A mounts included on Form 990, Part VIII, line 12, but not on line 1</th> <th></th> <th></th>	4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV)		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	c	Add lines 4a and 4b	4c	-468,317
1 Total expenses and losses per audited financial statements	5			
2 A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1	·	1	49,087,684
Donated services and use of facilities	2			
b Prior year adjustments 2b 2c c Other losses 2c 2c d Other (Describe in Part XIV) 2d 962,000 e Add lines 2a through 2d 2c 2e 3 Subtract line 2e from line 1 3 48,125,684 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 3 48,125,684 Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a 4a				
c Other losses 2c 2c d Other (Describe in Part XIV) 2d 962,000 e Add lines 2a through 2d 2c 2e 962,000 3 Subtract line 2e from line 1 3 48,125,684 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a	_			
d Other (Describe in Part XIV) 2d 962,000 e Add lines 2a through 2d 2e 962,000 3 Subtract line 2e from line 1 3 48,125,684 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a	_	· · · · · · · · · · · · · · · · · · ·		
Add lines 2a through 2d				
Subtract line 2e from line 1	e		2e	962.000
4 A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	3			
a Investment expenses not included on Form 990, Part VIII, line 7b 4a				
c Add lines 4a and 4b	С		4c	0
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5		5	48,125,684

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part X	Positions Under FIN 48	Effective August 1, 2009, USBC adopted a new accounting standard "Accounting for Uncertainty in Income Taxes", which creates a single model to address accounting for uncertainty in tax positions. It clarifies the accounting for income taxes by prescribing a minimum recognition threshold a tax position is required to meet before being recognized in the financial statements. It also provides guidance on derecognition, measurement, classification, interest and penalties, disclosure and transition. Management has determined that USBC has no material uncertain tax positions that would require recognition.
Part XI, Line 8 - Other Adjustments		ADOPTION OF DEFINED BENEFIT POST-RETIREMENT PLAN \$125,805
Part XII, Line 2d - Other Adjustments		COST OF RESALE MERCHANDISE \$962,000
Part XII, Line 4b - Other Adjustments		Loss in New Era Investment -\$468317
Part XIII, Line 2d - Other Adjustments		COST OF RESALE MERCHANDISE \$962,000

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493165008091

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

UNITED STATES BOWLING CONGRESS INC

Attach to Form 990

Employer identification number

20-1224922

Form 990, Part I\	/, line 21 for any	o Governments and recipient that received (0) if additional space	l more than \$5,000.	Check this box if n	o one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grad or assistance
HE BOWLING OUNDATIONPO BOX 802 RLINGTON,TX 76005	752500367	501(c)(3)	75,413				DONATION
ATIONAL BOWLING HALL F FAME & MUSEUM INC 21 SIX FLAGS DRIVE RLINGTON,TX 76011	510178194	501(c)(3)	1,882,600				DONATION
lulti-Unit Bowling nformation Group37485 choolcraft Road ivonia,MI 48150	521166854	501(c)(6)	5,000				DONATION

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, I	Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
TEAM USA ATHLETE GRANTS	30	114,507			
YOUTH OPEN TOURNAMENT SCHOLARSHIPS	1254	233,828			
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 ALL GRANTS AND ASSISTANCE ARE PROVIDED TO PROMOTE THE SPORT OF BOWLING

DLN: 93493165008091

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

UNI	FED STATES BOWLING CONGRESS INC				
		20-1224922			
Pa	rt I Questions Regarding Compensation	n			
				Yes	Νo
1a	11 1 1 1	vided any of the following to or for a person listed in Form to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc	ganızatıon follow a wrıtten polıcy regardıng payment or rıbed above? If "No," complete Part III to explaın	1b		
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive				
	officers, directors, trustees, and the CLO/Livecutive	Director, regarding the items checked in fine 1a.	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	•			
	Compensation committee	✓ Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	Part VII, Section A , line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	payment?	4a	Yes	
b	Participate in, or receive payment from, a supplement	ntal nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	st complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d		7		No
8	Were any amounts reported in Form 990, Part VII, p	•			
	subject to the initial contract exception described in in Part III	n Regs section 53 4958-4(a)(3)? If "Yes," describe	8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebuttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	, ,,	4	(2) 21 30141	(=/ 2 3111 3111 3111 31	,			
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & Incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Kevin Dornberger	(ı) (ıı)	256,397 0	- 1	20,833 0	8,562 0	6,300 0	292,092	0 0
Jack A Mordini	(ı) (ıı)	225,000	0	0	7,201 0	6,300 0	238,501	0 0
PETER TREDWELL	(I) (II)	145,410 0		- 1	4,392 0	6,300 0	156,102	0
SUSAN MERRILL	(I) (II)	175,000 0	-	0	5,636 0	6,300 0	186,936	0
James O berholtzer	(I) (II)	134,246 0	0	17,719 0	0	6,300 0	158,265	0
				<u> </u>				
				<u> </u>				
					•	•	•	•

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	Part I, Line 4a	Kevin Dornberger, former Cheif Operating Officer, received \$20,833 in severance payments from USBC in calendar year 2009
	Part I, Line 4a	James Oberholtzer, former Vice President of IT, received \$17,719 in severance payments from USBC in calendar year 2009
	•	

Schedule J (Form 990) 2009

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Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schedule L

Name of the organization

Employer identification number

UNITED STATES BOWLING CONGRESS INC							20	-12249	22		
Part I Excess Benefit Trar Complete if the organizat							organiz	zations d	nly).	e 40b	
			163 0111011	11 330,1					i dic v , iiii		rrected?
1 (a) Name of disqu	person			(b) Desc	ription	of trans a	ction		Yes	No	
											1
2 Enter the amount of tax impose	ed on tl	ne organ	ıızatıon mana	agers or	disqualified pers	ons dur	ing the y	ear undei	-		
section 4958									\$		
3 Enter the amount of tax, If any,	on line	2, abo	ve, reimburs	ed by th	e organization .			•	\$		
Part III Loans to and/or F	rom	Intere	sted Pers	ons							
Complete if the organiz					, Part IV , line 26	, or For	m 990-E	Z, Part V	, line 38a		
	(b) Loa							(f)			
(a) Name of interested person and		m the	(c) 0 rigi	ınal		(e)		Approved		(g)Written	
purpose	organı	zatıon?	principal a		(d)Balance due	defau	IIT?	by board or a		agreemen	it /
	То	From				Yes	No	Yes	No	Yes	No
							1		111		
Total				▶ \$							
Part IIII Grants or Assistan											
Complete if the orga	nızatıc						27.				
(a) Name of interested pers	on	(1	•		en interested per ganization	son	(c) A m	ount of g	ant or typ	e of assist	tance
			alli	u the or	gamzation						
Part IV Business Transact							20- 201	20	_		
Complete if the orga	nizatio				rm 990, Part IV	, line	28a, 28i	o, or 280	J.	(-) CI-	
) Relationshi <i>r</i> een interest		(c) A mount of					lorgani	arıng of zatıon's
(a) Name of interested persor	ו		rson and the		transaction	(d) Descr	iption of	transactio	n I	nues?
			rganızatıon							Yes	No
) Ballard			Member of		54,3	13 En	Employee of USBC				Νο
		Currer	t Board Mem	nber							
		1								-	+
											+
				-							+

Software ID: Software Version:

EIN: 20-1224922

Name: UNITED STATES BOWLING CONGRESS INC

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As Filed Data -

DLN: 93493165008091

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

UNITED STATES BOWLING CONGRESS INC

Employer identification number

20-1224922

ldentifier	Return Reference	Explanation
Form 990, Part V, line 3b		The necessary information required for a complete and accurate tax return was not yet available at the time of filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The organization has had members since its inception in 2004

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Form 990 is review ed prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Officers, directors 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 review and appropriate action.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		The organization makes its 990 available for public inspection upon request

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
Part XI, Line 2c		The process has not changed

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

DLN: 93493165008091

2009

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2009

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

ame of the organization IITED STATES BOWLING CONGRESS INC	Employer identification number				
	20-1224922				
Part I Identification of Disregarded Entities (Comple	ete if the organization	answered "Yes" on	Form 990, Part IV	', line 33.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income En	(e) d-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	zations (Complete if ne tax year.)	the organization an	swered "Yes" on F	orm 990, Part IV,	, line 34 because it had one
(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 501(c)(3))	(f) Direct controlling entity
MART Bowling Scholarship Funding Corporation					
21 Six Flags Drive	Scholarship Funding	TX	501(c)(3)	Line 7	7 N/A
rlington, TX 76011 7-2358041			.,,,,		

Cat No 50135Y

art III	Identifica	ation of Related O	rganiz	ations Taxable as	s a Partnership (C	omplete if the orgai	nization answered "\	es" on For	m 990, Part IV, line	34		
	because it had one or more related organizations treated as a partnership during the tax year.)											
			(c)					(h)	(i)			

(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	al or ging
							Yes	No		Yes	No	
New Era Bowling LLC 621 Six Flags Drive Arlington, TX76011 26-2175073	Real Estate	тх	N/A	Related	-405,904	7,487,098		No			No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of 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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust) (f) Share of tota income		(g) Share of end-of-year assets	(h) Percentage ownership	

Note. Complete line 1 if any entity is listed in Parts II, III or IV 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? a Receipt of (i) interest (iii) annuities (iii) royalties (iv) rent from a controlled entity					
 					
5 1 6 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity					
b Gift, grant, or capital contribution to other organization(s)					
c Gift, grant, or capital contribution from other organization(s)					
d Loans or loan guarantees to or for other organization(s)					
e Loans or loan guarantees by other organization(s)					
f Sale of assets to other organization(s)					
g Purchase of assets from other organization(s)					
h Exchange of assets No					
i Lease of facilities, equipment, or other assets to other organization(s)					
j Lease of facilities, equipment, or other assets from other organization(s)					
k Performance of services or membership or fundraising solicitations for other organization(s)					
I Performance of services or membership or fundraising solicitations by other organization(s)					
m Sharing of facilities, equipment, mailing lists, or other assets					
n Sharing of paid employees No					
o Reimbursement paid to other organization for expenses					
p Reimbursement paid by other organization for expenses					
q Other transfer of cash or property to other organization(s)					
r Other transfer of cash or property from other 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) (b) (c) Transaction					
Name of other organization Name of other organization Amount involved					
(1) SMART Bowling Scholarship Funding Corporation B -875,067					
(1) See Additional Data Table					
(2)					
(3)					
(4)					
(5)					
(6)					

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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Forn 1065)	man part	h) eral or aging tner?	
			Yes	No		Yes	No		Yes	No	
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