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 private foundations)

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

► Information about Form 990 and its instructions is at www.IRS.gov/form990

DLN: 93493258009316OMB No 1545-0047

2015

Open to Public Inspection

Α	For the :	2015 ca <mark>lendar year, or tax year beginning 01-01-2015, and ending 12-31-2015</mark>	5						
ВС	heck if ap	plicable C Name of organization UNITED STATES BOWLING CONGRESS INC		D Em	ployer	identification number			
Γ A	ddress cha			20	-1224	922			
Γ_N	ame chan	ge Doing business as		_					
┌ Ir	ntıal returi	1							
F	ınal	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	— E Tele	ephone r	number			
☐ re	eturn/term	inated 621 SIX FLAGS DRIVE		(80	00)51	4-2695			
ГА	mended re	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, TX 76011							
ΓA	pplication	pending		G Gro	ss receip	pts \$ 32,946,425			
		F Name and address of principal officer	H(a) I	s this a gro	oup ret	urn for			
		CHAD MURPHY 621 SIX FLAGS DRIVE		ubordinate		ΓYes Γ Νο			
		ARLINGTON,TX 76011		re all subc ncluded?	rdınat	es [Yes [No			
					ach a li	st (see instructions)			
I T	ax-exem _l	ot status 🔽 501(c)(3) 「 501(c)() 🖪 (insert no) 「 4947(a)(1) or 「 527		Group exer					
J V	Vebsite	► WWW BOWL COM							
K Fo	rm of org	anization Corporation Trust Association Other	L Year	of formation	2004	M State of legal domicile W			
P	art I	Summary	_						
ec Se	ТС	efly describe the organization's mission or most significant activities DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING, OVIDING PROGRAMS AND SERVICES TO ITS MEMBERSHIP	OVERSI	EEING CO	MPET	ITION, AND			
Activities & Governance	2 C	heck this box 🛌 if the organization discontinued its operations or disposed of	more tha	an 25% of	ıts net	assets			
ŝ		······································							
ან აბ	3 N	umber of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot$. $$			3	22			
Ē	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4	21			
χĸ	5 ⊤	otal number of individuals employed in calendar year 2015 (Part V, line 2a) .			5	110			
ď	6 T	otal number of volunteers (estimate if necessary)			6	21,000			
		otal unrelated business revenue from Part VIII, column (C), line 12			7a	376,845			
	b Ne	t unrelated business taxable income from Form 990-T, line 34	1		7 b	<u> </u>			
				Prior Year		Current Year			
o)	8	Contributions and grants (Part VIII, line 1h)			1,069				
enn	9	Program service revenue (Part VIII, line 2g)		1,941	· · ·				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0,134 7,137,7				
_	11	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line							
	12	12)		32,79	0,013	32,906,200			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		1 ,6 1	.9,880	1,063,309			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0			
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)	8,08	35,445	7,182,830				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	0				
ੰਡੀ	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0							
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,88	3,803	21,362,631				
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	xpenses Add lines 13–17 (must equal Part IX, column (A), line 25)						
	19	Revenue less expenses Subtract line 18 from line 12		1,20	0,885	3,297,430			
Net Assets or Fund Balances			Beginni	ing of Curre	nt Year	End of Year			
38.00 38.00 38.00	20	Total assets (Part X, line 16)		41,94	0,650	44,691,447			
A PE	21	Total liabilities (Part X, line 26)		20,53	88,823	20,447,308			
žĒ	22	Net assets or fund balances Subtract line 21 from line 20							

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here *****
Signature of officer

CHAD MURPHY EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer Use Only Print/Type preparer's name
KIMBERLY ANDERSON CPA

Preparer's signature
KIMBERLY ANDERSON CPA

Firm's name
CLIFTONLARSONALLEN LLP

Firm's address
8215 GREENWAY BOULEVARD SUITE 600

MIDDLETON, WI 53562
May the IRS discuss this return with the preparer shown above? (see instruction

orm	990 (2015) Pag	e 2
Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission	
	EVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING, OVERSEEING COMPETITION, AND PROVIDING	
PRO	RAMS AND SERVICES TO ITS MEMBERSHIP	
		_
2	Did the organization undertake any significant program services during the year which were not listed on	—
2	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 25,019,149 including grants of \$ 1,063,309) (Revenue \$ 15,779,340)	
-144	UNITED STATES BOWLING CONGRESS,INC IS AN ORGANIZATION FORMED TO DEVELOP INTEREST AND PARTICIPATION IN THE SPORT OF BOWLING, OVERSEE	
	COMPETITIONS, AND PROVIDE PROGRAMS AND SERVICES TO ITS MEMBERSHIP	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)	_
		_
		_
4 c	(Code) (Expenses \$ including grants of \$) (Revenue \$)	
		_
		_
		_
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 25,019,149	
TC	Total program Service expenses F 20/01//17/	

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	Yes	
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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	Yes	
	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		No
	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		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 $11e^7$ If "Yes," complete Schedule G, Part I (see instructions)	17		N o
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20Ь		

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	Yes	
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? <i>If "Yes," complete Schedule J.</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	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		
	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		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		No
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, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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		No
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 11b and 19?	38	Yes	

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Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Schedule O contains a response of note to any line in this part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 4,572			
b	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	<u> </u>
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		Νo
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		—
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		110
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	 		
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Form 1098-C?	711		
0	Did a donor advised fund maintaining dollor advised rulids. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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?	12a		
	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.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is needed to issue qualified health plans			
	Enter the amount of reserves on hand			NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
ט	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		orm gar	(2015)

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 22			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
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		No
3		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a 7b	Yes	No
	or persons other than the governing body?	75		110
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Νo
b	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	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se				
_= -	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed WI			
	List the States with which a copy of this Form 990 is required to be filed▶			

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►ERIC KAMMLAH 621 SIX FLAGS DRIVE ARLINGTON, TX 76011 (817) 385-8296

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **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 Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's

- 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 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage	(C) Position (do not check				(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week (list any hours	more than one box, unless person is both an officer and a director/trustee)						compensation from the organization (W-	compensation from related organizations	amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
e Addıtıonal Data Table										

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion :han o on is	one l both	oox, an d	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F Estim amount comper from	ated of other isation the
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organiza rela organiz	ted
See	Addıtıonal Data Table											
1b	Sub-Total			•			•					
c d	Total from continuation shee Total (add lines 1b and 1c) .				•	•			1,404,458	0		183,515
2	Total number of individuals (ii \$100,000 of reportable comp	ncluding but not	limited	to the	ose I	ıste	d abov	e) wł				
											Yes	No
3	Did the organization list any f on line 1a? <i>If "Yes," complete</i>					key •	emplo	yee,	or highest comper	nsated employee	3	No
4	For any individual listed on lir organization and related orga individual										4 Yes	
5	Did any person listed on line	1a receive or acc	rue cor	nnen	satio	on fr	om anv	unr	elated organization	or individual for	. , , , ,	

Did any person listed on line 1a receive or accrue compensation from any ui	ınrelated	orga	nızatı	on o	rınd	lıvıd	ual	foi
services rendered to the organization? If "Yes," complete Schedule I for such p	person .							

	Yes	No
з		No
4	Yes	
5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HEADSPRING LP	SOFTWARE DEVELOPER	466,980
PO BOX 678024 DALLAS, TX 75267		
SIMPLE A LLC	WEBSITE DEVELOPMENT	434,558
815 A BRAZOS STREET 15 AUSTIN, TX 78701		
WINKLER PRODUCTIONS LLC	TV PRODUCTION	359,298
72 MONCEAU TERRACE LAKE ST LOUIS, MO 63367		
MICHAEL BEST & FREDERICK	LEGAL SERVICES	276,977
PO BOX 88462 MILWAUKEE, WI 53288		
CATAPULT SYSTEMS	SOFTWARE DEVELOPER	227,855
1221 SOUTH MOPAC EXPRESSWAY SUITE 3 AUSTIN, TX 78746		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 9

Part V	/ 🛊 🛊 1	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII												
		Check it Schedule O contains a respon	ise or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514							
60 S	1a	Federated campaigns 1a												
E E	ь	Membership dues 1b	14,047,653											
Giffs, Grants ilar Amounts	_c	Fundraising events 1c												
έĒ	d	Related organizations 1d												
ons, Giffe Similar	e	Government grants (contributions) 1e												
er,	f	All other contributions, gifts, grants, and similar amounts not included above	1,456,851											
Contributions, and Other Sim	g	Noncash contributions included in lines												
Conti and (١.	1a-1f \$		15,504,504										
<u>ರ ಹ</u>	h	Total. Add lines 1a-1f	· · · · •	13,304,304										
e E	_		Business Code											
Ke Li	2a	TOURNAMENTS	713990	13,734,828	13,734,828									
æ	Ь	BRACKETS AND SWEEPS	713990	1,101,438	1,101,438									
956	C	ADVERTISING INCOME	541800	376,845		376,845								
Ser	d	SPECIAL EVENTS, BOOTHS, AND CONCE	713990	302,016	302,016									
Program Serwce Revenue	e	EQUIPMENT TESTING	713990	227,683	227,683									
iBo	f	All other program service revenue												
<u>*</u>	g	Total. Add lines 2a-2f	🛌	15,742,810										
	3	Investment income (including dividen		230,017			230,017							
	4	and other similar amounts) Income from investment of tax-exempt bond												
	5	Royalties		989,147			989,147							
		(ı) Real	(II) Personal		'									
	6a	Gross rents												
	ь	Less rental												
		expenses Rental income												
		or (loss)												
	d	Net rental income or (loss)												
	7a	(i) Securities Gross amount	(II) O ther											
		from sales of assets other than inventory	26,347											
	ь	Less cost or other basis and	0											
		sales expenses												
	C	Gain or (loss) Net gain or (loss)	26,347	26,347			26,347							
Other Revenue	d 8a	ı		20,0			23,617							
her R	_	See Part IV , line 18 a												
õ	Ь	Less direct expenses b Net income or (loss) from fundraising	avents .											
	9a	Gross income from gaming activities See Part IV , line 19	events 🏴											
	ь	Less direct expenses b												
		Net income or (loss) from gaming activ	vities											
		Gross sales of inventory, less	- - -											
		returns and allowances .	E6 622											
	 _	a lace cost of goods cold	56,632											
	b c	Less cost of goods sold b Net income or (loss) from sales of inve	40,225 entory	16,407	16,407									
	۲	Miscellaneous Revenue	Business Code		,,,									
	11a	INVESTMENT IN IBC	531390	-254,670	-254,670									
	ь													
	С													
	d	All other revenue		651,638	651,638									
	e	Total. Add lines 11a-11d		396,968										
	12	Total revenue. See Instructions .	🛌	32,906,200	15,779,340	376,845	1,245,511							
			I	52,550,200	-3,	5.0,015	-,,							

Part	Statement of Functional Expenses				
Sectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in	this Part IX			
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	923,500	923,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22	139,809	139,809		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	139,809	139,009		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,013,895		1,013,895	
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	5,205,946	5,041,060	164,886	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	144,741	140,550	4,191	
9	Other employee benefits	364,899	353,342	11,557	
10	Payroll taxes	453,349	438,990	14,359	
11	Fees for services (non-employees)				
а	Management				
b	Legal	274,196	14,960	259,236	
c	Accounting	76,975		76,975	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,544,242	1,177,092	367,150	
12	Advertising and promotion	1,332,487	1,313,763	18,724	
13	Office expenses	1,745,984	1,646,027	99,957	
14	Information technology	138,956	111,608	27,348	
15	Royalties				
16	Occupancy	822,806	19,942	802,864	
17	Travel	880,303	624,983	255,320	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	·	•		
19	Conferences, conventions, and meetings	210,376	177,208	33,168	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,192,155		1,192,155	
23	Insurance	260,110	91,346	168,764	
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 O)	,		·	
а	AWARDS & PRIZES	7,513,118	7,482,645	30,473	
b	TEMPORARY EMPLOYEE AGEN	2,430,427	2,430,427		
c	LINEAGE	2,040,166	2,040,166		
d	MAINTENANCE & RENTAL	672,692	672,077	615	
e	All other expenses	227,638	179,654	47,984	
25	Total functional expenses. Add lines 1 through 24e	29,608,770	25,019,149	4,589,621	
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)		,	.,	

Form 990 (2015) Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 19,115,468 22,587,846 1 Cash-non-interest-bearing 1 117.032 117.032 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 470.914 4 Accounts receivable, net 4 360.050 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 56.334 104.686 8 8 829 059 159 004 Q 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 27, 188, 593 Complete Part VI of Schedule D 10a b 10b 20.524.839 6,512,838 10c 6,663,754 Less accumulated depreciation 7,766,619 7,881,359 11 11 7,070,173 12 6,815,503 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 2,213 2,213 15 15 44,691,447 41,940,650 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,826,928 1,625,700 17 17 18 18 17.397.330 19 17,529,456 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties 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 Schedule D 1,314,565 25 1,292,152 26 20.538.823 26 20,447,308 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete Balances lines 27 through 29, and lines 33 and 34. 21,013,658 27 23,684,316 27 171,654 28 28 Fund 29 388,169 29 388,169 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 5 30 Capital stock or trust principal, or current funds 30 Net Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 21,401,827 33 24,244,139 Total liabilities and net assets/fund balances 41.940.650

44.691.447

34

Dar	t XI Reconcilliation of Net Assets				age ==
Fai	Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		32,9	906,200
2	Total expenses (must equal Part IX, column (A), line 25)	2		29,6	508,770
3	Revenue less expenses Subtract line 2 from line 1	3		3,2	297,430
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,4	401,827
5	Net unrealized gains (losses) on investments	5		- [313,710
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		-:	141,408
	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		24,2	244,139
Par	t XII Financial Statements and Reporting				. ᅜ
	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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
С	If "Yes," to line 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?	ıt	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O				
	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?	е	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		

Software ID: **Software Version:**

EIN: 20-1224922

Name: UNITED STATES BOWLING CONGRESS INC

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Cor	Tru	ste	es, k	(ey	Employees, Higl	hest			
(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion (d nan o n is b	ne b oth ctor/	ox, u an of trus	inless ficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1033 11100)	2/1099 111367	related organizations
FRANK WILKINSON PRESIDENT	2 50	x		х				0	0	0
CATHY DESOCIO VICE-PRESIDENT	2 50	х		х				0	0	0
THOMAS BLUTH DIRECTOR	2 50	×						0	0	0
ANDREW CAIN DIRECTOR	2 50	×						0	0	0
ANTHONY COLANGELO DIRECTOR	2 50	×						0	0	0
JAY DARYMAN DIRECTOR	2 50	Х						0	0	0
JO DIMOND DIRECTOR	2 50	х						0	0	0
MIKE FAGAN DIRECTOR	2 50	х						0	0	0
MICHAEL ITALIA DIRECTOR	2 50	х						0	0	0
CORNELL JACKSON DIRECTOR	2 50	х						0	0	0
KAREN JOST DIRECTOR	2 50	х						0	0	0
KARL KIELICH DIRECTOR	2 50	Х						0	0	0
KELLY KULICK DIRECTOR	2 50	х						0	0	0
MARK MARTIN DIRECTOR	2 50	х						0	0	0
TOM MARTINO DIRECTOR	2 50	х						0	0	0
MELISSA MCDANIEL MORROW DIRECTOR	2 50	х						0	0	0
STEVE O'BRIEN DIRECTOR	2 50	х						0	0	0
RHINO PAGE DIRECTOR	2 50	х						0	0	0
DAN PATTERSON DIRECTOR	2 50	х						0	0	0
JAN SCHMIDT DIRECTOR	2 50	×						0	0	0
ROBERT SPIGNER DIRECTOR	2 50	×						0	0	0
MARCI WILLIAMS DIRECTOR	2 50	х						0	0	0
CHAD MURPHY EXECUTIVE DIRECTOR	40 00 7 00			х				276,048	0	30,030
JASON OVERSTREET DEPUTY DIRECTOR	40 00			х				169,069	0	26,099
NEIL STREMMEL MANAGING DIRECTOR NGB	40 00			х				150,015	0	26,113

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

(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					3	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
ROBERT STOKES MANAGING DIRECTOR IT	40 00			х				139,590	0	20,112
JENNIFER SALAZAR CFO	40 00			х				131,308	0	4,431
CHRISTINE BICKLEY DIRECTOR PROJECT IT	40 00					х		118,200	0	18,856
JASON THOMAS SENIOR DIRECTOR OF DIGITAL MEDIA	40 00					х		110,160	0	24,518
TRAMON THOMAS MANAGING DIRECTOR MARKETING	40 00					х		108,000	0	0
ZENOR MANGON DATA SPECIALIST	40 00					х		101,317	0	24,090
THERESA MCMURRAY-CRENSHAW IT DIRECTOR OF OPERATIONS AND DEVELOPMENT	40 00					х		100,751	0	9,266

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As Filed Data -

DLN: 93493258009316

OMB No 1545-0047

Public Charity Status and Public Support

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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

► Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

		ne organization					Employer identifica	ition number		
UNITE	D STAT	ES BOWLING CONGRESS INC					20 1224022			
Do	rt I	Passan for Bubli	c Charity S	Status (All organiza	tions must so	malata this a	20-1224922			
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	organi.	zation is not a private fo		•	= :	· · · · · · · · · · · · · · · · · · ·	· ·			
1	<u> </u>	A church, convention	-							
2	<u> </u>	A school described in								
3	<u> </u>	A hospital or a cooper		_						
4	Г	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	escribed in sec	tion 170(b)(1)(A)(iii). Enter the		
5	Γ	An organization opera 170(b)(1)(A)(iv). (Co		nefit of a college or un I)	iversity owned	or operated by	a governmental unit c	lescribed in section		
6	Γ	A federal, state, or loc	al government	t or governmental unit	described in se	ection 170(b)(1)(A)(v).			
7	Γ	An organization that n	ormally receiv	es a substantial part	of its support fr	om a governme	ntal unit or from the g	eneral public		
	_	described in section 1								
8		A community trust de								
9	고	receipts from activitie from gross investmen	es related to it it income and e 30, 1975 S	ves (1) more than 33 as exempt functions—s unrelated business tailes tested by the state of the	subject to certa xable income (lo (Complete Part	in exceptions, a ess section 51: III)	and (2) no more than 1 tax) from businesse	331/3% of its suppor		
11	<u></u>		•	•	•	•		ut the nurnoses of		
а	· 	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting								
		organization You mus	t complete Pa	rt IV, Sections A and	В.					
b	Γ	Type II. A supporting								
		management of the su			same persons t	hat control or m	nanage the supported	organization(s) You		
_	_	must complete Part IV Type III functionally i			n aparatad in a	onnoction with	and functionally into	aratad with its		
С	ı	supported organization						grated with, its		
d	Г	Type III non-function						anızatıon(s) that ıs		
	•	not functionally integr								
		(see instructions) Yo								
е	Г	Check this box if the o					s a Type I, Type II, T	ype III functionally		
	_	integrated, or Type III				n				
f	Ente	r the number of support					· · · · · · · —			
g		Provide the following i	nformation abo	out the supported orga	inization(s)					
Nar	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization	(iv) Is the organ	nization governing	(v) A mount of monetary support	(vi) A mount of other support (see		
				(described on lines 1-9 above (see instructions))	docume	(see instructions)	instructions)			
					Yes	No				

	Support Schedule for (Complete only if you Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiz	ation failed to q	ualify under
S	ection A. Public Support						
_	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
(or 1	fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
_	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						
6	(f) Public support. Subtract line 5 from line 4						
S	ection B. Total Support			,	,	,	
(or	Calendar year fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) ⊤otal
-	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	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activity	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				3) organization,
	ection C. Computation of Pul						
14	Public support percentage for 201!			e 11, column (f))		14	
15	Public support percentage for 2014 33 1/3% support test—2015.If the	•	•	v on line 12 and	line 14 ie 22 1/20	6 or more, check	this hov
	and stop here. The organization qui 33 1/3% support test—2014. If the box and stop here. The organizatio	alıfıes as a publıc organızatıon dıd	ly supported organic not check a box of	anızatıon on lıne 13 or 16a	•	,	▶ ┌
17a	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization merorganization	— 2015. If the organization meets the fa	anization did not o cts-and-circums	check a box on lir tances test, chec	ck this box and st	op here. Explain	orted ▶□
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organization Explain in Part VI how the organization	nızatıon meets th	e "facts-and-circ	umstances" test	, check this box a	and stop here.	
18	Private foundation. If the organizations	ion did not check	a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and see	▶ □

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

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

Se	ction A. Public Support							
/ · E	Calendar year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total
(or r	iscal year beginning in) F Gifts, grants, contributions, and							
-	membership fees received (Do	20,574,692	7 245 061	17,625,178	15 421 060	15	E04 E04	76 471 404
	not include any "unusual	20,374,092	7,345,961	17,023,178	15,421,069	13,	504,504	76,471,404
_	grants ")						+	
2	Gross receipts from admissions, merchandise sold or services							
	performed, or facilities furnished	19,380,939	396,606	18,011,270	15,297,410	15	422,597	68,508,822
	in any activity that is related to	19,360,939	390,000	18,011,270	13,297,410	13,	422,397	00,300,622
	the organization's tax-exempt							
3	purpose Gross receipts from activities						-	
3	that are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
5	paid to or expended on its behalf The value of services or						-	
,	facilities furnished by a							
	governmental unit to the							
	organization without charge	20.055.624	7.742.567	25 626 440	20.740.470		007.404	144.000.226
6	Total. Add lines 1 through 5	39,955,631	7,742,567	35,636,448	30,718,479	30,	927,101	144,980,226
/a	Amounts included on lines 1, 2, and 3 received from disqualified							0
	persons							J
b	A mounts included on lines 2 and							
	3 received from other than							
	disqualified persons that exceed							0
	the greater of \$5,000 or 1% of the amount on line 13 for the							
	year							
c	Add lines 7a and 7b							0
8	Public support. (Subtract line 7c							144,980,226
	from line 6)							111,500,220
Se	ction B. Total Support							
(or f	Calendar year iscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 20	15	(f) Total
9	Amounts from line 6	39,955,631	7,742,567	35,636,448	30,718,479	30,	927,101	144,980,226
10a	Gross income from interest,							
	dividends, payments received							4,529,342
	on securities loans, rents,	656,598	214,312	1,083,198	1,356,070	1,	1,219,164	
	royalties and income from similar sources							
b	Unrelated business taxable						-	
_	income (less section 511	236,600	8,625	1,051,427	748,971		376,845	2,422,468
	taxes) from businesses	250,000	0,025	1,031,427	740,571		370,043	2,422,400
	acquired after June 30, 1975	893,198	222.027	2.124.625	2 105 041	4	F06 000	C 051 010
C	Add lines 10a and 10b Net income from unrelated	893,198	222,937	2,134,625	2,105,041	1,	,596,009	6,951,810
11	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	172,112	98,831	240,637	478,224		396,968	1,386,772
	VI)							
13	Total support. (Add lines 9,	41,020,941	8,064,335	38,011,710	33,301,744	32.	.920,078	153,318,808
	10c, 11, and 12)							
14	First five years. If the Form 990 is check this box and stop here	for the organizati	on's first, second	, third, fourth, or i	fifth tax year as a	section	,01(c)(3	organization,
Se	ction C. Computation of Pul	olic Support P	ercentage					<u> </u>
15	Public support percentage for 201			13, column (f))		15		94 560 %
16	Public support percentage from 20		•			16		95 560 %
	ction D. Computation of Inv					10		90 000 %
17	Investment income percentage for				an (f))	1		4.530.00
		-			··· (177	17		4 530 %
18	Investment income percentage fro				lina 1 =	18	(20)	3 860 %
TAG	33 1/3% support tests—2015. If the more than 33 1/3%, check this box							line 1 / is not ►✓

b 33 1/3% support tests—2014. 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 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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

مو	ction	Λ	ΔII	Sunn	ortina	Orga	nizations	
361	CUUII	м.	\sim 11	Supp	oi aiig	OI Ua	IIIZALIUIIS	

	ction A. An Supporting Organizations			
			Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?	2		
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
I	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.	3b		
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3c		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
l	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	4b		
	by or in connection with its supported organizations.			
•	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.	4c		
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).	5a		
	• 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?	5b		
•	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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 II of Schedule L (Form 990).	8		
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 .	9a		
ı	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
•	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
ı	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).	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
•	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ı	A family member of a person described in (a) above?	11b		
	: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

Pai	rt IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the 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.	3		
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ŀ	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) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally	, Integrated 509(a)(:	3) Supporting	Organization
	I TO III I GIICGOIGII	Tillegiatea 303(a)(J/ Juppoi tilly	OI Gailleadol

Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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) Other expenses (see instructions)	1 2 3 4 5 6 7 8	(A) Prior Year	(B) Current Yea (optional)
Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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)	2 3 4 5		
Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion 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)	3 4 5 6 7		
Add lines 1 through 3 Depreciation and depletion 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)	4 5 6 7		
Depreciation and depletion 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		
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		
gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	7		
Other expenses (see instructions)			
o the expenses (see methanis)	8		l
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)			
	<u> </u>	(A) Duan Varu	(B) Current Yea
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
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		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		- Carrona Four
Enter 85% of line 1	2		
F-	3		
Minimum asset amount for prior year (from Section B, line 8, Column A)	4		
Enter greater of line 2 or line 3	5		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-in	6		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accom								
2 A mounts paid to perform activity that directly furth excess of income from activity								
3 Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons						
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval re	quired)							
6 Other distributions (describe in Part VI) See instru	uctions							
7 Total annual distributions. Add lines 1 through 6								
Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is re	esponsive (provide						
9 Distributable amount for 2015 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1 Distributable amount for 2015 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
d From 2013								
e From 2014								
f Total of lines 3a through e g Applied to underdistributions of prior years								
h Applied to 2015 distributable amount								
i Carryover from 2010 not applied (see								
instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7								
a Applied to underdistributions of prior years								
b Applied to 2015 distributions of prior years								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 31 and 4c								
8 Breakdown of line 7								
c Excess from 2013								
d From 2014								
e From 2015								

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

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DLN: 93493258009316

OMB No 1545-0047

Supplemental Financial Statements

SCHEDULE D (Form 990)

Department of the Treasury

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Complete if the organization answered "Yes," on Form 990,

Open to Public

ernal Revenue Service Information about Sche	edule D (Form 990) and its instructions is at w	/ww.irs.gov/torm990.	spection
Name of the organization UNITED STATES BOWLING CONGRESS INC		Employer identification	number
Part I Organizations Maintaining Complete if the organization a	Donor Advised Funds or Other Simi nswered "Yes" on Form 990, Part IV, lin	20-1224922 ilar Funds or Accounts. ne 6.	
	(a) Donor advised funds	(b)Funds and other ac	counts
Total number at end of year			
Aggregate value of contributions to (du year)	ring		
Aggregate value of grants from (during	year)		
Aggregate value at end of year			
	donor advisors in writing that the assets held ject to the organization's exclusive legal cont		Yes
	onors, and donor advisors in writing that gran for the benefit of the donor or donor advisor, o	or for any other purpose	Yes ┌ No
art II Conservation Easements.	Complete if the organization answered "	Yes" on Form 990, Part IV, lı	ne 7.
Preservation of land for public use (e of Protection of natural habitat Preservation of open space	Id by the organization (check all that apply) g , recreation or education)	on of a certified historic structure	
easement on the last day of the tax year		Held at the End	 l of the Year
a Total number of conservation easements		2a	
Total acreage restricted by conservation	easements	2b	
Number of conservation easements on a c	certified historic structure included in (a)	2c	
Number of conservation easements include historic structure listed in the National Re	ded in (c) acquired after 8/17/06, and not on a egister	2d	
Number of conservation easements modif	ied, transferred, released, extinguished, or tei	rminated by the organization duri	ng the
Number of states where property subject	to conservation easement is located 🛌		
Does the organization have a written polic violations, and enforcement of the conser	ry regarding the periodic monitoring, inspection vation easements it holds?	on, handling of Yes	┌ No
Staff and volunteer hours devoted to moni year	toring, inspecting, handling of violations, and	enforcing conservation easemen	ts during the
<u></u>			
	g, inspecting, handling of violations, and enfo	rcing conservation easements du	iring the year
Does each conservation easement reports (B)(i) and section 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requirements	s of section 170(h)(4)	□ No
In Part XIII, describe how the organizatio balance sheet, and include, if applicable, t	n reports conservation easements in its reve the text of the footnote to the organization's file		·S
the organization's accounting for conservant IIII Organizations Maintaining	Collections of Art, Historical Treas	ures or Other Similar Ass	ets
	nswered "Yes" on Form 990, Part IV, lin		
works of art, historical treasures, or other	inder SFAS 116 (ASC 958), not to report in it similar assets held for public exhibition, educ the footnote to its financial statements that de	cation, or research in furtherance	
b If the organization elected, as permitted u	inder SFAS 116 (ASC 958), to report in its re similar assets held for public exhibition, educ	venue statement and balance sh	
(i) Revenue included on Form 990, Part VII		▶ \$	
(ii) Assets included in Form 990, Part X		· <u></u>	
If the organization received or held works	of art, historical treasures, or other similar as under SFAS 116 (ASC 958) relating to these		 1e
a Revenue included on Form 990, Part VIII	, line 1	▶ \$	

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal 1	reasures,	or C	ther S	Similar A	ssets	
3		g the organization's acquisition, acce ction items (check all that apply)	ession, and other reco	ords, cl	heck a	any of	the following	that a	are a sig	ınıfıcant us	e of its	
а	F	Public exhibition		d	Γ	Loar	n or exchange	progr	ams			
b	Г 9	Scholarly research		e	\vdash	Othe	er					
c	┌ F	Preservation for future generations										
4	Provi Part	de a description of the organization's XIII	s collections and exp	laın ho	w they	/ furth	ner the organı	zatıon	ı's exem	ıpt purpose	ın	
5		ng the year, did the organization solic ts to be sold to raise funds rather tha								r ┌ Yes	┌ No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, line 9, o	or rep	oorted	an amoun	t on For	m 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intern	nediary	for c	ontrib	utions or oth	erass	ets not	┌ Yes	┌ No	
ь	If	"Yes," explain the arrangement in Pa	ort XIII and complete	the fo	llowin	g tabl	e			Am	ount	
C		ginning balance				J		1c				
d		ditions during the year						1d				
e		stributions during the year						1e				
f		ding balance						1f				
2a		he organization include an amount or	n Form 990, Part X, lı	ne 21,	for es	crow	or custodial a	accou	nt lıabılı	ty? ┌ Yes	┌ No	
b	T.E. 1137	II	VIII Chaalahana see					. J F	> VII			Г
	irt V	es," explain the arrangement in Part Endowment Funds. Complet										
		Endownienc i dilds. Complet	(a)Current year		nor yea		b (c)Two years			years back		ears back
	Begi	nning of year balance	, ,				,		· /	,		
b	_	ributions										
С	Net i	nvestment earnings, gains, and es										
d	Gran	ts or scholarships										
е		er expenditures for facilities programs										
f	A dm	inistrative expenses										
g		of year balance										
2		de the estimated percentage of the o	current vear end bala	nce (lır	ne 1a.	colur	mn (a)) held a	s				
a		d designated or quasi-endowment 🕨			5/		(=//=.= =	_				
b		anent endowment										
С		oorarily restricted endowment Forecast on lines 2a, 2b, and 2c s	should equal 100%									
3a	orgar	here endowment funds not in the pos nization by			that a	re he	ld and admını	stere	d for the	!	Yes	No
		related organizations								—	(i)	
_		elated organizations es" on 3a(ii), are the related organiza								<u> </u>	(ii)	
ь 4		ribe in Part XIII the intended uses o	· ·				′ · · ·			3	Sb	<u> </u>
	rt VI	Land, Buildings, and Equip		iidowii	Terre re	11103						
		Complete if the organization a		orm 9	90, F	art I	V, line 11a.	See I	Form 9	90, Part X	, line 10	<u>. </u>
		Description of property		Co	ost or o	a) ther ba tment)		her bas		Accumulated depreciation	(d) Bo	ok value
1a	Land											
b	Buildir	ngs										
c	Lease	hold improvements		. [
d	Equipr	ment					12	2,721,6	49	7,074,56	4	5,647,085
е	Other						14	1,466,9	44	13,450,27	5	1,016,669

6,663,754

Part VII Investments—Other Securities. Comple See Form 990, Part X, line 12.	ete if the organiza	tion answered 'Yes'	on Form 990, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b) Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			- Court of the Cou
(2)Closely-held equity interests (3)Other			
(A) INVESTMENT IN INTERNATIONAL BOWLING CAMPUS	, LLC	6,815,503	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	F	6,815,503	
Part VIII Investments—Program Related.			
Complete if the organization answered 'Ye		art IV, line 11c. _{See}	Form 990, Part X, line 13. (c) Method of valuation
(a) Description of investment		(b) Book Value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization an	swered 'Yes' on Forn		ld See Form 990, Part X, line 15
(a) Description	on		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X Other Liabilities. Complete if the organiz See Form 990, Part X, line 25.	ation answered 'Ye	es' on Form 990, Pa	art IV, line 11e or 11f.
1. (a) Description of liability	(b) Book value		
F. dambara and bases			
Federal Income taxes			
POST-RETIREMENT BENEFIT OBLIGATION	1,292,152		
		1	
		-	
		1	
]	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,292,152		

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	32,588,358
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a -313,710		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-151,080
3	Subtract line 2e from line 1	3	32,739,438
4	A mounts 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		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	166,762
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	32,906,200
Par	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	29,349,968
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	-258,802
3	Subtract line 2e from line 1	3	29,608,770
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	29,608,770

Part XIII Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	COST OF MERCHANDISE SOLD INCLUDED ON PART VIII, LINE 10B 40,225 CONSULTING/PROFESSIONAL FEES 122,405
PART XI, LINE 4B - OTHER ADJUSTMENTS	EQUITY LOSS IN INVESTMENT -254,670 MERCHANDISE SALES 10,037 GRANTS & ASSISTANCE 409,975 DONATIONS AND CONTRIBUTIONS EXPENSE 1,420
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF MERCHANDISE SOLD INCLUDED ON PART VIII, LINE 10B 40,225 GRANTS & ASSISTANCE -409,975 MERCHANDISE SALES -10,037 CONSULTING/PROFESSIONAL FEES 122,405 DONATIONS AND CONTRIBUTIONS EXPENSE -1,420

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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Schedule I

DLN: 93493258009316OMB No 1545-0047

2015

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

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

Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

Department of the Treasury Internal Revenue Service

(Form 990)

Name of the organization
UNITED STATES BOWLING CONGRESS IN

Employer identification number

UNITED STATES BOWLING CO						20	-1224922	
Part I General Inform 1 Does the organization main the selection criteria used 2 Describe in Part IV the org	ntain records to subs to award the grants	orassistance?				ssistance, a	and	F Yes □
			omestic Governments. Odditional space is neede		ızatıon answered "Yes" o	on Form 990), Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)		scription of n assistance	(h) Purpose of grant or assistance
(1) SUSAN G KOMEN BREAST CANCER FOUNDATION INC 5005 LBJ FREEWAY DALLAS,TX 752446125	75-1835298	501(C)(3)	343,729					BREAST CANCER RESEARCH
(2) IBC YOUTH BOWLING INC 621 SIX FLAGS DRIVE ARLINGTON,TN 76011	47-1705987	501(C)(3)	579,496					YOUTH BOWLING PROGRAMS
2 Enter total number of secti	on 501(c)(3) and go	overnment organization	s listed in the line 1 tab	ole			🕨	2

Enter total number of other organizations listed in the line 1 table

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)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
(1) TEAM USA AWARDS GRANT	20	65,846			
(2) TEAM USA BETTERMENT GRANT	22	31,205			
(3) TEAM USA PROGRAM GRANT	22	42,758			

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

Return Reference	Explanation
,	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

Schedule I (Form 990) 2015

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DLN: 93493258009316

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

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

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

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization UNITED STATES BOWLING CONGRESS INC 20-1224922

Pa	rt I Questions Regarding Compensation	on	·			
					Yes	No
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement or provision of all of the expenses d			1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe			2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	that apply rsation of —				
	Independent compensation consultant	, , , , , , , , , , , , , , , , , , ,	Compensation survey or study			
	Form 990 of other organizations	<u>,</u>	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990 or a related organization), Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-l	based cor	mpensation arrangement?	4 c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	ations mu	ıst complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section a compensation contingent on the revenues of	A, line 1a	a, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		No
	If "Yes," on line 5a or 5b, describe in Part III					
6	For persons listed on Form 990, Part VII, Section of compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III					
7	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported on Form 990, Part VII, subject to the initial contract exception described in Part III			8		No
9	If "Yes" on line 8, did the organization also follow the section 53 4958-6(c)?	the rebutt	able presumption procedure described in Regulations	9		140

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 are not 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

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 CHAD MURPHY EXECUTIVE DIRECTOR	(i)	253,548	22,500	0	9,654	20,376	306,078	0
	(ii)	0	0	0	0	0	0	0
2 JASON OVERSTREET DEPUTY DIRECTOR	(i)	158,100	10,969	0	5,723	20,376	195,168	0
	(ii)	0	0	0	0	0	0	0
3 NEIL STREMMEL MANAGING DIRECTOR NGB	(i)	147,074	2,941	0	6,001	20,112	176,128	0
	(ii)	0	0	0	0	0	0	0
4 ROBERT STOKES MANAGING DIRECTOR IT	(i)	136,590	3,000	0	0	20,112	159,702	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015

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

Return Reference Explanation

Schedule J (Form 990) 2015

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2015

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SCHEDULE 0

(Form 990 or 990-EZ)
Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization UNITED STATES BOWLING CONGRESS INC

Employer identification number

20-1224922

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 11	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 SI GN A CONFLICT OF INTEREST DISCLOSURE FORM ON AN ANNUAL BASIS USBC MONITORS THIS BY ENSURI NG THAT THEY HAVE RECEIVED A SIGNED FORM BY EACH PERSON ANY IDENTIFIED POTENTIAL CONFLICT S 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 DE TERMINED BY THE BOARD COMPENSATION COMMITTEE. ALL OTHER COMPENSATION IS DIRECTED BY THE EX ECUTIVE DIRECTOR
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS 990 AVAILABLE FOR PUBLIC INSPECTION 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 US BC'S WEBSITE
FORM 990, PART XI, LINE 9	CHANGE IN POST RETIREMENT BENEFIT OBLIGATION -141,408
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS FROM THE PRIOR YEAR

DLN: 93493258009316

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

Name of the organization

UNITED STATES BOWLING CONGRESS INC

Department of the Treasury

Internal Revenue Service

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

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state	(d) Total income		(e) year assets	Dire	(f) ect controlling	
		or foreign country)					entity	
Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during		he organization ans	swered "Yes"	on For	n 990, Pa	rt IV, lır	ne 34 because it h	ad one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code se		(e) Public charity		(f) Direct controlling	(g) Section 512

(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	Section (13) co	g) 512(b) ontrolled aty?
						Yes	No
(1)SMART BOWLING SCHOLARSHIP FUNDING CORPORATION 621 SIX FLAGS DRIVE ARLINGTON, TX 76011 27-2358041	SCHOLARSHIP FUNDING	TX	501(C)(3)	LINE 7	N/A		No
(2)IBC YOUTH BOWLING INC 621 SIX FLAGS DRIVE ARLINGTON, TX 76011 47-1705987	YOUTH BOWLING	WI	501(C)(3)	LINE 9	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	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 alloca) ortionate otions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	ral or aging	(k) Percentage ownership
				,			Yes	No		Yes	No	
(1) INTERNATIONAL BOWLING CAMPUS LLC 621 SIX FLAGS DRIVE ARLINGTON, TX 76011 26-2175073	REAL ESTATE	ТХ	N/A	RELATED	-147,403	6,815,501		No			No	50 000 %
	_		_			_					_	

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.

	_		
	No		
(i) Section 512 (b)(13) controlled entity?	Yes		
(h) Percentage ownership			
(g) Share of end- of-year assets			
(f) Share of total Income			
(e) Type of entity (C corp, S corp, or trust)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. 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 orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b	Yes	
${f c}$ Gıft, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1 f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)			•	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s) . $$.				11	Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q	Yes	
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete			and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount in	volved	
	1	1				

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

revenue) that was not a related organization. See instructions										•			
(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	_	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
									<u> </u>		1	1	ı
	·		·		·				_				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015

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