

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2007

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning August 1, 2007, and ending July 31, 2008

| | | | |
|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization South Brevard USBC WBA Inc Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 953 Cherokee Rd. S.E. City or town, state or country, and ZIP + 4 Palm Bay, FL. 32909-4826 | D Employer identification number 22 3933065 E Telephone number (321) 951-0048 F Group Exemption Number ▶ 4348 |
|--|---|--|---|

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶

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

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

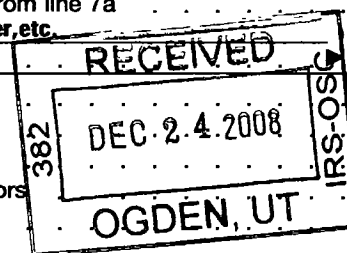
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **18132.00**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

2007 JAN 2 2008 Revenue

| | | | | |
|------------|---|----|----|------------------|
| | 1 Contributions, gifts, grants, and similar amounts received | | 1 | 0 |
| | 2 Program service revenue including government fees and contracts | | 2 | 0 |
| | 3 Membership dues and assessments | | 3 | 12846.00 |
| | 4 Investment income | | 4 | 250.00 |
| | 5a Gross amount from sale of assets other than inventory | 5a | 0 | |
| | b Less: cost or other basis and sales expenses | 5b | 0 | |
| | c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) | 5c | 0 | |
| | 6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | | | |
| | a Gross revenue (not including \$ of contributions reported on line 1) | 6a | 0 | |
| | b Less: direct expenses other than fundraising expenses | 6b | 0 | |
| | c Net income or (loss) from special events and activities. Subtract line 6b from line 6a | 6c | 0 | |
| | 7a Gross sales of inventory, less returns and allowances | 7a | 0 | |
| | b Less: cost of goods sold | 7b | 0 | |
| | c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a | 7c | | |
| | 8 Other revenue (describe ▶ <u>tournaments, ways & means, newsletter, etc.</u>) | | 8 | 5036.00 |
| | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. | | 9 | 18,132.00 |
| Expenses | 10 Grants and similar amounts paid (attach schedule) | | 10 | 0 |
| | 11 Benefits paid to or for members | | 11 | 0 |
| | 12 Salaries, other compensation, and employee benefits | | 12 | 3000.00 |
| | 13 Professional fees and other payments to independent contractors | | 13 | 0 |
| | 14 Occupancy, rent, utilities, and maintenance | | 14 | 0 |
| | 15 Printing, publications, postage, and shipping | | 15 | 273.00 |
| | 16 Other expenses (describe ▶ <u>dues, tournaments, awards, etc.</u>) | | 16 | 15,711.71 |
| | 17 Total expenses. Add lines 10 through 16 | | 17 | 18,984.81 |
| Net Assets | 18 Excess or (deficit) for the year. Subtract line 17 from line 9 | | 18 | -852.81 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | 19 | 18,657.22 |
| | 20 Other changes in net assets or fund balances (attach explanation) | | 20 | 0 |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | 21 | 17,804.41 |



Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

| | | (A) Beginning of year | (B) End of year |
|--|---|-----------------------|------------------|
| | 22 Cash, savings, and investments | 18,167.32 | 17,204.41 |
| | 23 Land and buildings | 0 | 0 |
| | 24 Other assets (describe ▶ <u>office equipment</u>) | 715.00 | 600.00 |
| | 25 Total assets | 18,882.28 | 0 |
| | 26 Total liabilities (describe ▶) | 0 | 0 |
| | 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 18,882.28 | 17,804.41 |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2007)

25

| Part III Statement of Program Service Accomplishments (See page 60 of the instructions.) | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) | |
|--|---|----------|
| What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | |
| 28 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 0 |
| 29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 0 |
| 30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 0 |
| 31 Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | 0 |
| 32 Total program service expenses. Add lines 28a through 31a | 32 | 0 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.) | | | | |
|---|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| Louvenia Martin 953 Cherokee Rd. S.E. Palm Bay, FL. 32909-4826 | Association manager, 27 | 3000.00 | 0 | 0 |
| *see list attached | | | | |
| | | | | |
| | | | | |

| Part V Other Information (Note the statement requirement in General Instruction V.) | Yes | No |
|---|------------|-----------|
| 33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 33 | ✓ |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 34 | ✓ |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | 35a | ✓ |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | ✓ |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement. | 36 | ✓ |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | |
| b Did the organization file Form 1120-POL for this year? | 37b | ✓ |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | 38a | ✓ |
| b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved | 38b | 0 |
| 39 501(c)(7) organizations. Enter: | | |
| a Initiation fees and capital contributions included on line 9 | 39a | 0 |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | 00 |

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0
- b** 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0
- d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0
- e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

| | Yes | No |
|------------|-----|----|
| 40b | | ✓ |
| 40e | | ✓ |

- 41** List the states with which a copy of this return is filed. ▶ n/a
- 42a** The books are in care of ▶ Louvenia Martin Telephone no. ▶ (321) 951-0048
 Located at ▶ 953 Cherokee Rd. S.E. Palm Bay, FL
- b** At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)?
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for
- c** At any time during the calendar year, did the organization maintain a financial account in a foreign country?
 If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ and enter the amount of tax-exempt interest received or accrued during the year: ▶ _____

Please Sign Here

Under penalties of perjury, I declare that I have examined this return and believe it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all the information provided to the preparer after reasonable inquiry.

▶ Louvenia Martin
 Signature of officer

▶ Louvenia Martin Association manager
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____ self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____ EIN ▶ _____ Phone no. ▶ () _____

ATTACHMENT:

990- EZ 2007-2008 Part IV

SOUTH BREVARD USBC WBA #84489

EIN # 22-3933065

Officers and Directors that receive no compensation:

| | | | | |
|--------------------------------------|-------------------------|--------------------------------|----------------------|--------------|
| PRESIDENT: | Goldie McGervey | 2925 Fountainhead Blvd. | Melbourne, FL | 32935 |
| 1ST Vice President | Bette Stift | 2002 Berkley Ave | Melbourne, FL | 32935 |
| 2ND Vice President | Patricia Rodgers | 3014 Grace St. | Melbourne, FL | 32904 |
| Sgt. At Arms | Carol Douthett | 2906 Corbusier St. | Melbourne, FL | 32935 |
| | | | | |
| DIRECTORS: | Barbara Brault | 2138 Watkins Rd. | Palm Bay, FL | 32909 |
| | Elsie Dietzmann | 1484 Huff Ct. | Melbourne, FL | 32935 |
| | Joan Ingram | 1290 Palmwood Dr. | Melbourne, FL | 32935 |
| | Charlotte Mateo | 1954 Dawn Dr. | Melbourne, FL | 32935 |
| | Shirley Mattley | 351 Lamplighter Dr. | Melbourne, FL | 32934 |
| | Donna Pickett | 4314 Yorkshire Dr. | Melbourne, FL | 32935 |

Ein # 22-3933065

GEN 4348

LIST OF PARENT AND SUBSIDIARY ACCOUNTS FOR GEN 4348

| EIN | FR | NAME OF ORGANIZATION | INUATION | CHAPTER NAME | CARE OF NAME | ADDRESS | CITY | ST | ZIP | UPDATES |
|-----------|----|--------------------------------|----------|-----------------------------------|---------------------|--------------------------|---------------|----|-----------|---------|
| 223917524 | | UNITED STATES BOWLING CONGRESS | | 81166 Havre USBC BA | Shawn Mariani | 1412 Wilson Ave | Havre | MT | 59501 | |
| 223927214 | | UNITED STATES BOWLING CONGRESS | | 81888 Frankfort USBC | Priscilla Gunderman | 1836 N St Rd 29 | Michigantown | IN | 48057 | NEW |
| 223927557 | | UNITED STATES BOWLING CONGRESS | | 82248 Central Solano USBC | Warren Lawrence | 283 Woodhaven Dr | Vacaville | CA | 95888 | NEW |
| 223929288 | | UNITED STATES BOWLING CONGRESS | | 80812 Barnevillie USBC BA | Darren Miller | 41550 Mt Horeb Rd | Bethesda | OH | 43719 | NEW |
| 223929271 | | UNITED STATES BOWLING CONGRESS | | 81350 Little Falls-Pierz USBC | Sherril Hohelsel | 27672 213th St | Pierz | MN | 58384 | NEW |
| 223929741 | | UNITED STATES BOWLING CONGRESS | | 83186 Wahpeton USBC WBA | BJ Gorder | 203 S 3rd St | Wahpeton | ND | 580754717 | NEW |
| 223930292 | | UNITED STATES BOWLING CONGRESS | | 85621 Cape Cod USBC Youth | Felicia Mott | 33A Bay St | Osterville | MA | 2655 | NEW |
| 223930785 | | UNITED STATES BOWLING CONGRESS | | 80973 Hudson Valley USBC | Robert Tyler | 8 Tricia Blvd | Highland | NY | 12528 | NEW |
| 223931443 | | UNITED STATES BOWLING CONGRESS | | 82701 Logan USBC WBA | Teresa Maughan | P O Box 662 | Brigham City | UT | 84302 | NEW |
| 223931996 | | UNITED STATES BOWLING CONGRESS | | 81500 Fremont USBC BA | Fred Holmes | 304 N Darling | Fremont | MI | 49412 | NEW |
| 223932001 | | UNITED STATES BOWLING CONGRESS | | 83289 Schenectady-Scolla USBC WBA | Mildred Kleimann | 1247 Main St P O Box 215 | Rotterdam Jct | NY | 12150 | NEW |
| 223932010 | | UNITED STATES BOWLING CONGRESS | | 80976 Coming USBC BA | Greg Millhollen | 8547 Stevens Rd | Lindley | NY | 14858 | NEW |
| 223932291 | | UNITED STATES BOWLING CONGRESS | | 85340 Syracuse USBC Youth | Debora Deuel | 715 Old Liverpool Rd | Liverpool | NY | 13088 | NEW |
| 223932298 | | UNITED STATES BOWLING CONGRESS | | 85414 Middlesex County USBC Youth | Jay Franglone | 80 Spring St | Woodbridge | NJ | 7095 | NEW |
| 223932783 | | UNITED STATES BOWLING CONGRESS | | 83721 Northfield USBC WBA | Elizabeth Truman | 12330 Ebel | Northfield | MN | 55057 | NEW |
| 223933065 | | UNITED STATES BOWLING CONGRESS | * | 84489 South Brevard USBC WBA | Louvenia Martin | 953 Cherokee Rd SE | Palm Bay | FL | 32909 | NEW |
| 223933074 | | UNITED STATES BOWLING CONGRESS | | 83997 Pratt USBC WBA | Kathy Richardson | 615 S tyka | Pratt | KS | 67124 | NEW |
| 223936832 | | UNITED STATES BOWLING CONGRESS | | 85353 Ogdensburg USBC Youth | Christine Smith | 315 John St | Ogdensburg | NY | 13669 | NEW |
| 223938489 | | UNITED STATES BOWLING CONGRESS | | 83838 Oscoda USBC WBA | Linda Worthington | 4960 Melody Ln | Oscoda | MI | 48750 | NEW |
| 224440410 | | UNITED STATES BOWLING CONGRESS | | 85411 Ocean County USBC Youth | Lyle Worsley | 1631 Burraville Rd | Brick | NJ | 8724 | NEW |
| 237435739 | | UNITED STATES BOWLING CONGRESS | | 82118 Key West USBC | Paul Godmin | 3314 Northside Dr #71 | Key West | FL | 33040 | NEW |
| 251684909 | | UNITED STATES BOWLING CONGRESS | | 85160 Lawrence County USBC Youth | Dee Johnson | 1711 Morris St | New Castle | PA | 16102 | NEW |
| 251800141 | | UNITED STATES BOWLING CONGRESS | | 81691 Iowa State USBC BA | Charles Kutsch | 715 Lincoln Ave | Dubuque | IA | 82001 | |
| 251909535 | | UNITED STATES BOWLING CONGRESS | | 80785 Central Ohio USBC | Jo Dimond | 843 S Hamilton Rd | Columbus | OH | 43213 | |
| 251917783 | | UNITED STATES BOWLING CONGRESS | | 81042 Gr Reno Sparks USBC | Marie Reynolds | 5619 Pearl Dr | Sun Valley | NV | 89433 | |