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Form **990**

HMENDED KETUKY Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

| | tment of t at Revenue | the Treasury e Service The organization may have to use a copy of this return to satisfy state | reporting requ | urements | Inspection |
|--------------|--------------------------|--|-----------------------------|---|-----------------------------|
| _ | | 2009 calendar year, or tax year beginning 8/1 , 2009, and endir | | 31 | , 20 10 |
| _ | heck if ap | 110000000000000000000000000000000000000 | | | er identification number |
| | ddress c | uea IPS I | | 13 | 4299277 |
| | lame cha | print or Number and street (or P O box if mail is not delivered to street address) Room/si | uite | E Telepho | ne number |
| | nitial retu | | 203 | (503) | 257-9511 |
| | erminate | Specific Common Tip | 203 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| _ | mended | tions DODTI AND OD 07220 | | G Gross red | ceipts \$ 236153 |
| _ | pplication | E November 1 | | <u> </u> | |
| ^ | ррисация | 15710 NE Glisan St, Ste 203 Portland, OR 97230 | | | for affiliates? Yes WNo |
| ī | Tax-exen | mpt status | | | list (see instructions) |
| | | e: ► www.gpusbc.com | - | exemption num | |
| | | rganization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► NON PROFIT L Year of forma | | | legal domicile OR |
| | rt I | Summary | 2003 | W Olale of | logal commune Oft |
| | | | re 2 000-056 | ofit organ | zation seeking to |
| & Governance | _E _i <u>i</u> _t | promote and grow the sport of bowling in our district as well as support the integrity and protecting the future of the sport of bowling, providing program be bowling experience. | ne national (ams and se | JSBC's go rvices, an | oals of ensuring the |
| é | 1 | Theck this box \blacktriangleright \square if the organization discontinued its operations or disposed of more than 25 | % of its net ass | | 0.2 |
| a 5 | | lumber of voting members of the governing body (Part VI, line 1a) | | 3 | 23 |
| Activities | | lumber of independent voting members of the governing body (Part VI, line 1 | l b) | 4 | 9328 |
| Ş | | otal number of employees (Part V, line 2a) . | | 5 | 3 |
| Ā | | otal number of volunteers (estimate if necessary) | | 6 | 10 |
| | 7a T | otal gross unrelated business revenue from Part VIII, column (C), line 12 | | 7a | -692 |
| | PV | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | -692 |
| | | | Pnor Y | | Current Year |
| ø | 8 0 | Contributions and grants (Part VIII, line 1h) | | 7290 | 3472 |
| nua | 9 F | Program service revenue (Part VIII, line 2g) | | 222632 | 217435 |
| Revenue | 10 lr | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 3187 | 541 |
| 4 | 11 0 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 1548 | 4296 |
| | 12 T | fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 236153 | 225744 |
| | 13 6 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0 | 0 |
| | 14 E | Benefits paid to or for members (Part IX, column (A), line 4) | | 29448 | 109781 0 |
| ses | 15 9 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 37351 | 34570 |
| Expenses | 16a F | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 | 0 |
| ă | ЬТ | Total fundraising expenses (Part IX, column (D) line 25 FECTIVED | | | |
| | 17 (| Other expenses (Part IX, column (A), lines 11a-Ttd, 111-24f) | | 160369 | 74053 183834 |
| | 18 1 | Total expenses, Add lines 13–17 (must equal Part IX column (A), line 25(0) | | 227168 | 218404 |
| | 19 F | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25 (C) Revenue less expenses. Subtract line 18 from line 12 (C) 3 2017. | | 8985 | 7339 \$ |
| 5 | | ~ | Beginning of (| | |
| Assets | 20 | Total assets (Part X, line 16) | | 326350 | 326517 |
| ASS | 21 1 | Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) | | 30641 | 29718 |
| Not a | | Net assets or fund balances. Subtract line 21 from line 20 | | 295709 | 296799 |
| | art II | Signature Block | ـــــ | 233103 | 230733 |
| - | | Under penalties of perfury, I declare that I have examined this return, including accompanying sch | adules and state | ements and | to the best of my knowledge |
| | | and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based | on all informatio | n of which p | reparer has any knowledge |
| Si | gn | Ville DM Holl | ı | 17/2 | 17 2117 |
| _ | ere ere | Signature of officer | | ate | 12012 |
| | =1 G | 1' \ '1 | 1 / | | • |
| | | I hime Mitchell Association | Mana | ger | |
| | | Type or print name and title | Objects 1 | <u> </u> | |
| | | Preparer's Date | Check if self- | Preparer's | i identifying number |
| Pa | id | signature | employed ▶ [| ال المنات المناطقة | |
| | eparer's | | | | |
| | e Only | Firm's name (or yours | EIN | • | |
| _ | - Only | if self-employed), address, and ZIP + 4 | Phone | no • (| 1 |
| M | ay the | IRS discuss this return with the preparer shown above? (see instructions) | | | Yes No |

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

Form 990 (2009)

Cat No 11282Y

| | MEMBERSHIPS: each member of Greater Portland USBC is required by national USBC to pay annual dues which entitle them to bowl certified leagues and tournaments. Part of these membership dues are forwarded to the national USBC where it is used for testing, awards, bonding, and other purpoes to ensure the integrity of the game. Additionally, a small portion is forwarded to the state association for use in promoting state programs and tournaments. |
|----|---|
| 4b | (Code:) (Expenses \$ 31818 including grants of \$) (Revenue \$ 0) COMPENSATION: salaries are paid to employees for processing memberships and awards for the 9,000 bowlers in the Portland metro area, organizing tournaments (1450 participants in the 09-10 season), providing customer service and support to bowlers in the Portland metro area, and promoting the sport of bowling. |
| | |
| 4c | (Code) (Expenses \$ 29343 including grants of \$) (Revenue \$ 32793) TOURNAMENTS: The tax exempt purpose of tournaments is to provide bowlers the opportunity to compete with others in our district as well as qualifying for state and national tournaments. These tournaments are self |
| | supporting as expenses for lineage, cash awards, and other expenses are paid through entry fees. 1450 bowlers participated in five Greater Portland USBC tournaments in the 2009-2010 season. |
| | Other program services. (Describe in Schedule O) (Expenses \$ 38991 including grants of \$) (Revenue \$ 2935) Total program service expenses > 209940 |

| Par | t IV Checklist of Required Schedules | | | |
|-----|--|------|----------------|----------|
| | | | 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 | 1 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | |
| 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 | | ✓_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | ✓ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | ✓ |
| 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 | | ✓ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | ✓ |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 | _ | 1 |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | 11 | 1 | ļ |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI. | | | |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | | | ! I |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48° If "Yes," complete Schedule D, Part X | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | 1 |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12A ✓ | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | ├ | 1 |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | - | + |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | - | 1 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | | / |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | _16_ | | 1 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | - | 1 |
| 18 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | _ | 1 |
| 19 | If "Yes," complete Schedule G, Part III | 19 | | 1 |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | 1 |

| Par | Checklist of Required Schedules (continued) | | | |
|----------|--|------------|-----|-------------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III | 22 | | 1 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | 1 |
| 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 25 | 24a | | 1 |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | ✓ ✓ ✓ |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | 1 |
| 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 1. | 25b | | 1 |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 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) | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | 1 |
| С | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 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 | _ | 1 |
| 33 | sections 301 7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I. | 33 | _ | 1 |
| 34 | III, IV, and V, line 1 | 34 | | 1 |
| 35 | Schedule R, Part V, line 2 | 35 | | 1 |
| 36 | organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | 1 | 1 |
| 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 | | / |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | | | <u> </u> |
| | | | | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | |
|--------|---|-----------------|-----------------|--------------|
| | - | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable | ļ | | |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | } | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | 1 | |
| | 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see | 2b_ | 1 | <u> </u> |
| За | Instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | , | |
| | this return? | 3a 3b | -/ - | |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 | <u> </u> | ✓ |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | _ | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> 5b | | 1 |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | | | |
| Ç | Prohibited Tax Shelter Transaction? | 5c_ | | 1 |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 6a_ | | 1 |
| b | organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or | | į | |
| _ | gifts were not tax deductible? | 6b_ | - | ✓ |
| 7 a | Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a_ | | 1 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | <u> </u> | 1 |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | 1 |
| | If "Yes," indicate the number of Forms 8282 filed during the year . | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | - | 1 |
| f - | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f 7g | | + |
| _ | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | | 1 | 1 |
| •• | required? | 7h | <u> </u> | ✓ |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8_ | | 1 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | • | 9a | + | 14 |
| | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | + | +- |
| 10 | ``` | | | } |
| ş | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b n/i | ┪ | | |
| 11 | Gloss receipts, included on Form Service at Vin, and 12, for public use of club facilities | 7 | | |
| | Gross income from members or shareholders | 2 | | l |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them) | - | | |
| 12 | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b n/. | | 3 | 1 |

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

| <u>Sect</u> | ion A. Governing Body and Management | | | |
|-------------|---|----------|----------------|----------------|
| | | | Yes | No |
| | Enter the number of voting members of the governing body 1a 23 | | 1 | |
| þ | Enter the number of voting members that are independent 1b 9328 | | 1 | |
| 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 | ✓ | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | , |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | - |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | - |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | |
| 6 | Does the organization have members or stockholders? | 6 | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | _] | , | |
| | of the governing body? | 7a | - | |
| | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b_ | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | - 1 | 1 | |
| | the year by the following | | | |
| | The governing body? | 8a | Y | |
| | Each committee with authority to act on behalf of the governing body? | 8b | <u> </u> | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yos," provide the names and addresses in Schedule O. | 0- | l | |
| 500 | at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Inte | 9a | | |
| | enue Code.) | ;i i iai | | |
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or officiates? | 10a | | 1 |
| | Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | 100 | | |
| U | affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | ĺ |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the | | | |
| • • | form? | 11 | 1 | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | 1 | |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | l | 1 |
| | rise to conflicts? | 12b | 1 | L |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this is done | 12c | - | ļ., |
| 13 | Does the organization have a written whistleblower policy? | 13 | | ✓ |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | <u> </u> | Ļ |
| 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? | } | 1 | 1 , |
| а | The organization's CEO, Executive Director, or top management official | 15a | ├ | 1 |
| b | Other officers or key employees of the organization | 15b | ├ ─ | ' |
| | 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 | Ì | | ١, |
| | with a taxable entity during the year? | 16a | ┼ | 1 |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | | |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard |] | | 1, |
| _ | the organization's exempt status with respect to such arrangements? | 16b | ٠ | 11 |
| | ction C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ Oregon | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501) | (c)(3)s | only) |) |
| | available for public inspection Indicate how you make these available. Check all that apply | | | |
| | ☐ Own website ☐ Another's website ☑ Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict | of in | teres | t |
| | policy, and financial statements available to the public | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and rec | ords | of the | ; |
| | organization ► 15710 NE Glisan Street #203 Portland, OR 97230 Jaime Mitchell, Association Manager | | | |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if the organization did not co | mpensate | any c | urre | ent d | offic | er, d | rec | or, or trustee | | |
|--|------------------------------|-----------------------------------|-------------------------------------|-------|--------------|---------------------------------|--------|--|--------------------------------------|---|
| (A) | (B) | | | (C | ;) | | | (D) | (E) | (F) |
| Name and Title | Average hours per week | | Position (check all Key en Institut | | | | Former | Reportable compensation from | Reportable compensation from related | Estimated amount of other compensation |
| | | Individual trustee or director | Institutional trustee | er | Key employee | Highest compensated employee | ier | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and related organizations |
| Mary A. Erickson 17648 SE Pine Street Portland OR 97233 | 10 | | | | | | 1 | 1184 | 0 | 0 |
| Eric L. Harrison 715 NW 121st Circle Vancouver WA 98685 | 1 | | | | | | 1 | 97 | 0 | 0 |
| Charolotte L. Harry 5837 N Commercial Portland OR 97217 | 40 | | | | | | 1 | 13100 | o | 0 |
| Janet E McLean 15318 SE Naef Ct Milwaukie OR 97267 | 5 | | | | | | 1 | 1286 | 0 | 0 |
| Jaime D. Mitchell 5005 SE Hunter Ct Milwaukie OR 97222 | 40 | | | | ✓. | | | 11500 | 0 | 0 |
| Peggy Van Horn 715 NW 121st Circle Vancouver WA 98685 | 10 | | | | 1 | | | 4742 | 0 | 0 |
| Albert Whiteman 4012 NE 132nd Place | 40 | | | | | | 1 | 7500 | 0 | 0 |
| Bob Van Horn 715 NW 121st Circle Vancouver WA 98685 | 5 | | | 1 | | | | 0 | 0 | 0 |
| Linda Wells 1218 SW 215th Ave Aloha OR 97006 | | | | 1 | | | | 0 | 0 | 0 |
| Mike Humphreys 3200 SE Silverleaf Ln #28 Milwaukie OR 9726 | | | | 1 | | | | 0 | 0 | 0 |
| Sherri Schmaling 14800 SE Megan Way Clackamas OR 97015 | | | | 1 | | | | 0 | 0 | 0 |
| Johnny Dunne 1130 Meadow Drive Molalla OR 97058 | - | 1 | | | | | | 0 | 0 | 0 |
| Dave Husted 16231 SE Norma Rd Milwaukie OR 97222 | | 1 | | | | | | 0 | 0 | 0 |
| Dean Johnson 38000 SW Nursery Rd Cornelius OR 97113 | | 1 | 1 | | T | | | o | 0 | 0 |
| Eleanor Libby 13639 SE Oatfield Rd Milwaukie OR 97222 | | 1 | 1 | T | 1 | +- | 1 | | 0 | 0 |
| Richard Lorey | | \ \ \ | + | 1 | | | | | 0 | 0 |

| Part VII Section A. Officers, Directors, Tru | stees, Key | / Emp | loye | es, | and | d High | nest | Compensated | Employees (co | ntinuec | 1) |
|--|------------------------------|--|----------------------|----------------|--|--------------------------------|--------------|---|--|--|--|
| (A) | (8) | B) (C) | | | | | | (D) | (E) | (F) | |
| Name and title | Average hours per week | Individual trustee O or director | nstitutional trustee | Officer | Key employee | Highest compensated a employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | am comp fro orga and | timated iount of other opensation om the anization of related inizations |
| Jim Ferretti 12521 SE Steele St Portland OR | | | | | | | | 0 | 0 | | 0 |
| Ron Hadley | | ↓ ✓ | - | | <u> </u> | | } | | | | |
| 6774 SW 173rd Rd Aloha OR 97007 | | / | } | } | | | | 0 | 0 | } | 0 |
| Bob Schmaling 14800 SE Megan Way Clackamas OR 97015 | | √ | | | | | | 0 | 0 | | 0 |
| Gary Yamasaki 11132 NE Thompson St Portland OR 97220 | | | - | | | | | 0 | 0 | | 0 |
| Sandı Ferretti | | | ╁ | - | - | | ╁╌ | | _ | | |
| 12521 SW Steele st Portland OR Preston Doupe | | 1 | <u> </u> | <u> </u> | _ | <u> </u> | <u> </u> | 0 | 0 | | 0 |
| 2210 Se 181st Ave Portland OR 97223 | 1 | 1 | | | | <u></u> | | 0 | 0 | | 0 |
| Bob Sattergren 17220 SE Main St Portland OR 97233 | - | | | | | | | 0 | 0 | | 0 |
| Mark Pearl 15344 S W Cabernet Dr Tigard OR 97224 | | 1 | | | | | | 0 | 0 | | 0 |
| Debbie Sattergren 17220 SE Main Street Portland OR 97233 | | <u> </u> | \dagger | T | - | 1 | +- | 0 | 0 | | 0 |
| Bill Ullman | | √ | +- | + | - | - | | | | | |
| 2833 NE 89th Avenue Portland OR 97220 | - | 1 | _ | _ | ļ | ļ | _ | 0 | 0 | _ | |
| | | | | <u></u> | | | | | | | |
| | 1 | | | | | | | | | | |
| | - | | | | | Ì | | | | | _ |
| 1b Total | .4 | | 1 | _ <u></u> | ــــــــــــــــــــــــــــــــــــــ | | <u> </u> | | | | |
| Total number of individuals (including but reportable compensation from the organization) | | d to ti | nose | e lis | ted | abov | e) v | vho received m | nore than \$100,0 | 000 in | |
| | | | | | | | | | | | Yes No |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete | | | | | | | oloy | ee, or highest | compensated . | 3 | 1 |
| 4 For any individual listed on line 1a, is the the organization and related organizations individual | | | | | | | | | | 4_ | / |
| 5 Did any person listed on line 1a receive services rendered to the organization? If | e or accru | e cor nolete | npe So | nsat :hen | tion lule | from J for | n an | ny unrelated or | ganization for | 5 | |
| Section B. Independent Contractors | | | - | | | | | <u> </u> | | | <u>-</u> |
| 1 Complete this table for your five highest compensation from the organization | compensa | ted in | dep | enc | lent | cont | ract | tors that receiv | ed more than \$ | 100,00 | 0 of |
| (A) Name and business a | ddress | | | | _ | | | (B) Description of | services | | C) ensation |
| Not applicable | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | - | | | | |
| | | | | | | | _ | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors more than \$100,000 in compensation from | (including | but r janiza | ot l | mite _► | ed t | o tho | se I | isted above) wh | no received | | |

| | (200 | | | | . — | | | | Page 9 |
|-------------------------------|------------|--|--|-----------|---------------|---------------|------------------------------------|----------------|--|
| d V | /111 | Statement of Rev | enue | | | (A) | (B) | (C) | (D) |
| | | ····· | | | | Total revenue | Related or exempt function revenue | Unrelated | Revenue excluded from tax under sections 512, 513, or 514 |
| } . | 1a F | Federated campaigns | - | <u>1a</u> | 0 | 1 | | ľ | |
| <u> </u> | | Membership dues | <u> </u> | 1b | 0 | | | Ì | |
| 5 } | C F | Fundraising events |) - | 1c | 0 | ì | | } | |
| | d i | Related organizations | - | 1d | 0 | | j | 1 | |
| | е (| Government grants (contrib | butions). | 1e | 0 | 1 | | | |
| 5 | f / | All other contributions, gifts, g | rants, | l | 1 | ļ | | į. | |
| 5 | ä | and similar amounts not includ | ded above | 1f | 3472 | Į | | | |
| Carro Carro Sammer Samo Carro | | Noncash contributions include | d in lines 1a-1f | \$ | | | Į | Į | |
| +- | n_ | Total. Add lines 1a-1f | :- - | | Business Code | 3472 | | | |
| | ٥ | Tournament Income | | | Business Code | 32793 | 32793 | 0 | (|
| 1 | 2a | Membership dues | | | | 181707 | 181707 | o t | |
| Ì | b | Lane Certification US | | | | 2130 | 2130 | 0 | |
| | C | Year Book USBC requ | | • - | | 780 | 780 | 0 | |
| 1 | a | NCIS USBC requireme | | | | 25 | 25 | | |
| , | e f | All other program service | | ' | | 25 | | | |
| | | Total. Add lines 2a-2f | 00 10 10 10 10 10 10 10 10 10 10 10 10 1 | • | > | 217435 | | | |
| 1 | 3 | Investment income (inc | ludina divid | ends | unterest and | | | | |
| | | other similar amounts) | ······································ | | > | 541 | 541 | 0 | (|
| - - | | Income from investment of | f tax-exempt | bon | d proceeds 🕨 | 0 | 0 | 0 | |
| | 5 | Royalties , | · · · · · | | > | 0 | 0 | 0 | |
| | | | (i) Real | | (II) Personal | | | į | |
| | | Gross Rents | | 800 | 0 | | | | |
| | | Less rental expenses | | 492 | | | | | |
| Ì | | Rental income or (loss) | | -692 | | | | | |
| Ì | | Net rental income or (lo | | <u> </u> | • | -692 | 0 | -692 | |
| | | Gross amount from sales of assets other than inventory | (i) Securitie | s | (ii) Other | | | | |
| | | • | ļ | | - | | | | |
| | b | Less cost or other basis | | 0 | 0 | | | | |
| - | _ | and sales expenses . | | 0 | | | ļ | | l |
| ļ | | Gain or (loss) Net gain or (loss) | L | <u>-</u> | | o | o | 0 | |
| , | | Gross income from | fundraisir | 1.01 | | | | | |
| | Vu | events (not including \$ | | | Į. | | | | |
| | | of contributions reporte | | | | | | | |
| | | See Part IV, line 18 | • | a | 0 | j | | | |
| one n | | Less: direct expenses | | b | 0 |] | | | |
| ١ | C | Net income or (loss) from | om fundrais | sing | events > | 0 | 0 | 0 | |
| | 9a | Gross income from gan | ning activitie | s | | | | | |
| | | See Part IV, line 19 | _ | . а | | ⊣ | | | \ |
| 1 | | Less: direct expenses | | . b | | | ļ | | |
| - | С | Net income or (loss) fr | om gaming | acti | vities . | 0 | 0 | 0 | |
| ł | 10a | Gross sales of inv | rentory, le | ss | 1 | | | Į. | ļ |
| ļ | | returns and allowance | | а | | -, | | 1 | Į. |
| Į | | Less: cost of goods so | | , t | | 4 | | 1 | Į. |
| | _ <u>c</u> | Net income or (loss) fro | | nven | | ļ <u>c</u> | 0 | 0 | |
| | | Miscellaneous Re | | | Business Code | 4 | | _ | |
| | 11a | Assessed Demostrat | | | | 1 | | 0 | |
| | b | | | | | 2590 | | + | + |
| | C | Conventions | | | | 154 | | | |
| | d | All other revenue | | | | 2242 | 2 2242 | 0 | ļ |
| | | Total. Add lines 11a- | | | • | | | | ļ |
| | 12 | Total revenue. See in | nstructions | | | 225743 | 222963 | 692 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| _ | All other organizations must complete col | | | | C), and (D). |
|----|---|-----------------------|------------------------------|-------------------------------------|--------------------------------|
| | not include amounts reported on lines 6b, 8b, 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 governments and organizations in the U.S. See Part IV, line 21 | 0 | 0 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 0 | 0 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the | | | | |
| | U.S. See Part IV, lines 15 and 16 . | 0 | 0 | | |
| 4 | Benefits paid to or for members | 109781 0 | 109+8/0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees $\ensuremath{\nu}$ | 4909 | 4909 | 0 | 0 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | | | | 0 |
| | persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages ν | 26910 | 26910 | 0 | 0 |
| 8 | Pension plan contributions (include section 401(k) | ا | | 0 | 0 |
| _ | and section 403(b) employer contributions) | 0 | 0 | 0 | |
| 9 | Other employee benefits | 2751 | 2751 | 0 | |
| 10 | Payroll taxes | 2/31 | 2/51 | | |
| 11 | Fees for services (non-employees) | ol | o | | 0 |
| | Management Legal | 0 | 0 | 0 | |
| | Accounting | 1247 | 125 | 1122 | 0 |
| | Lobbying | 0 | 0 | 0 | 0 |
| | Professional fundraising services See Part IV, line 17 | 0 | | | 0 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| a | Other | 0 | 0 | 0 | 0 |
| 12 | Advertising and promotion | 0 | 0 | 0 | 0 |
| 13 | Office expenses . | 6485 | 4813 | 1272 | 0 |
| 14 | Information technology | 660 | 660 | 0 | 0 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 5608 | 5608 | 0 | 0 |
| 17 | Travel ' | 2017 | 1008 | 1009 | 0 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings . | 12098 | 11493 | 605 | 0 |
| 20 | Interest , | 7 | 0 | 7 | 0 |
| 21 | Payments to affiliates . | 100787 | | | 0 |
| 22 | Depreciation, depletion, and amortization. | 4853 | 2426 | + | 0 |
| 23 | Insurance | 3244 | 1622 | 1623 | 0 |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a | Tournament Expense | 29344 | 29344 | 0 | 0 |
| t | Lana Cartification | 427 | | + | |
| Č | Voca Book (IISBC requirement) | 795 | | | |
| , | Charles France | 3471 | | | |
| | Augree hanguatelagues | 3789 | | | |
| | All other expenses | 0 | | | |
| 25 | | 218404 | | ` | |
| 26 | | | | | |
| | | | | | |

| Pa | τX | Balance Sheet | | | | | |
|-----------------------------|----------|--|-----------|------------------------|--------------------------|-------------|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 91526 | 1 | 38259 |
| | 2 | Savings and temporary cash investments | | Ī | 76293 | 2 | 128069 |
| | 3 | Pledges and grants receivable, net | | 0 | 3 | 0 | |
| - 1 | 4 | Accounts receivable, net | | | 0 | 4 | 0 |
| | 5 | Receivables from current and former officer | e dire | ctore tructage kay | | | |
|) | • | employees, and highest compensated employees | ovees | Complete Part II of | | 1 | |
| | | Schedule L | ,, 000 | John proto t urt ii or | 0 | 5 | 0 |
| | 6 | Receivables from other disqualified persons | (as de | fined under section | | | |
| | | 4958(f)(1)) and persons described in section | | | | | |
| | | Part II of Schedule L | (=)(=)(=) | 0 | 6 | 0 | |
| ţ | 7 | Notes and loans receivable, net | | | 0 | 7 | 0 |
| Assets | 8 | Inventories for sale or use | | | 0 | 8 | 0 |
| Ä | 9 | Prepaid expenses and deferred charges . | | • [| 1813 | 9 | 1382 |
| | 10a | Land, buildings, and equipment cost or | 10a | 237428 | | | |
| | | other basis. Complete Part VI of Schedule D | | | | | |
| | b | Less accumulated depreciation | 10b | 78621 | 156533 | 10c | 158807 |
| | 11 | Investments—publicly traded securities . | | 0 | 11 | 0 | |
| | 12 | Investments-other securities See Part IV, | Ī | 0 | 12 | 0 | |
| | 13 | Investments - program-related. See Part IV, | 0 | 13 | 0 | | |
| | 14 | Intangible assets | , l | 0 | 14 | 0 | |
| | 15 | Other assets See Part IV, line 11 | | 0 | 15 | 0 | |
| | 16 | Total assets. Add lines 1 through 15 (must | equa | line 34) | 0 | 16 | 0 |
| | 17 | Accounts payable and accrued expenses | | | 0 | 17 | 1321 |
| | 18 | Grants payable . | | | 0 | 18 | 0 |
| | 19 | Deferred revenue . | | | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities . | | 0 | 20 | 0 | |
| Liabilities | 21 | Escrow or custodial account liability Comp | | | 0 | 21 | 0 |
| Ę | 22 | Payables to current and former officers, | | | | | |
| iat | | employees, highest compensated empl | oyees | and disqualified | | | |
| _ | | persons. Complete Part II of Schedule L | | | 0 | | 0 |
| | 23 | Secured mortgages and notes payable to u | | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unre | | third parties . | 0 | | 0 |
| | 25 26 | Other liabilities Complete Part X of Schedu Total liabilities. Add lines 17 through 25. | | | 0 | + | 28397 |
| _ | 20 | | | | 30641 | 26 | 29718 |
| S | | Organizations that follow SFAS 117, complete lines 27 through 29, and lines | che | k here ▶ 🔲 and | | | |
| Š | | | oo an | 1 34. | | | |
| ala | 27 | Unrestricted net assets | | • | 0 | | 0 |
| 8 | 28 | Temporarily restricted net assets | • | • | 0 | + | 0 |
| ğ | 29 | Permanently restricted net assets | | 29 | | | |
| Not Accets or Fund Balances | | Organizations that do not follow SFAS and complete lines 30 through 34. | | | | | |
| ¥ | 30 | Capital stock or trust principal, or current f | | d | 30 | 0 | |
| ģ | 31 | Paid-in or capital surplus, or land, building | | uipment fund | | | 0 |
| A | 32 | Retained earnings, endowment, accumulat | | • | 286594 | | 289460 |
| ţ | 33 | Total net assets or fund balances . | | | 286594 | | 289460 |
| 2 | 34 | Total liabilities and net assets/fund balance | es | | 317235 | | 296799 |

| Par | t XI Financial Statements and Reporting | | | | | | |
|-----|--|----|-----|----|--|--|--|
| | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990 🗹 Cash 🗌 Accrual 🗍 Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | |
| | b Were the organization's financial statements audited by an independent accountant? | | | | | | |
| | 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? | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | | |
| | Schedule O | i | 1 | | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | } | | | | | |
| | issued on a consolidated basis, separate basis, or both | | | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | } | ļ | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | } | | 1 | | | |
| | the Single Audit Act and OMB Circular A-133? | 3a | | 1 | | | |
| þ | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | Į. | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | ✓ | L | | | |

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

4947(a)(1) nonexempt charitable trust.

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

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number **Greater Portland USBC Association #80639** 4299277 13 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. **b** 🗌 Type II c Type III-Functionally integrated d Type III-Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11<u>ə(ii)</u> (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(in) Provide the following information about the supported organization(s) (i) Name of supported (n) EIN (iii) Type of organization (iv) is the organization (vii) Amount of (v) Did you notify (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col (i) of your support? above or IRC section governing document? (i) organized in the (see instructions)) Yes No Yes No Yes No

Total

| Par | Support Schedule for Org (Complete only if you check | anizations (| Described in on line 5, 7, | Sections 17 or 8 of Part I. | 0(b)(1)(A)(iv) | and 170(b)(1 | 1)(A)(vi) |
|-----|--|--------------------------------------|---------------------------------------|-------------------------------------|-------------------|-----------------------------------|-----------------------|
| Sec | tion A. Public Support | | | | | | |
| Ca | endar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | <u> </u> | ļ | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | - | | | |
| _6_ | Public support. Subtract line 5 from line 4. | <u> </u> | <u></u> | <u> </u> | <u> </u> | | <u> </u> |
| | tion B. Total Support | γ | T | | | | |
| Ca | llendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 . | | | ļ | | | ļ |
| 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 IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 . | | | | | | |
| 12 | Gross receipts from related activities, etc. | c (see instructi | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop hotion C. Computation of Public Su | ere | | and, third, fourt | h, or fifth tax | year as a sect | ion 501(c)(3) |
| | | | | 11 | | 144 | % |
| 14 | Public support percentage for 2009 (line | - | | i i, column (t)) | | 14 | |
| 15 | Public support percentage from 2008 Sc | | | 1 10 | | 15 | |
| | 33% % support test—2009. If the organ and stop here. The organization qualifie | s as a publicly | supported org | anization | | | ▶ [|
| b | 33% % support test – 2008. If the organ box and stop here. The organization qu | iization did not alifies as a put | check a box o olicly supported | n line 13 or 16a I organization | a, and line 15 is | 331/3 % or more | e, check this .► □ |
| 17a | 10%-facts-and-circumstances test—2 more, and if the organization meets the " organization meets the "facts-and-circur" | facts-and-circu | umstances" tes | t, check this bo | x and stop here | e. Explain in Pai | rt IV how the |
| t | nore, and if the organization meets the organ | "facts-and-circu tances" test Th | imstances" test, le organization q | check this box ualifies as a pub | and stop here | e. Explain in Par organization | t IV how the ▶ □ |
| 18 | Private foundation. If the organization d | id not check a t | oox on line 13, 1 | 6a, 16b, 17a, o | r 17b, check thi | s box and see in | nstructions > |
| | | | | | | | |

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)

| Sect | ion A. Public Support | | | ' | | | |
|------|--|-----------------------|------------------------|--------------------|-------------------|----------------------|---------------------|
| Cal | endar year (or fiscal year beginning in) > | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | 0 | 7290 | 3472 | 10762 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 184838 | 201882 | 190001 | 183620 | 181707 | 942048 |
| | Gross receipts from activities that are not an unrelated trade or business under section 513 | 53453 | 53090 | 47663 | 39012 | 32793 | 226011 |
| | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| | The value of services or facilities furnished by a governmental unit to the organization without charge | 0 238291 | 0 254972 | 237664 | 0 229922 | 0 217972 | 0 1178821 |
| | Total. Add lines 1 through 5 | 230231 | 234312 | 237004 | 223322 | 21/3/2 | 1170021 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | 0 | o | 0 | 0 | 0 | 0 |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 0 | 0 | o | o | o | 0 |
| c | Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | 1178821 |
| Sec | tion B. Total Support | | | | | | |
| Ca | llendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | 238291 | 254972 | 237664 | 229922 | 217972 | 1178821 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 381 | 4704 | 4382 | 3187 | 541 | 13195 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | -211 | 1256 | -1052 | 1548 | -692 | 849 |
| С | Add lines 10a and 10b | 170 | 5960 | 3330 | 4735 | -151 | 14044 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | 0 | 15982 | 4295 | 1496 | 7902 | 29675 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 238461 | 276914 | 245289 | 236153 | 225723 | 1222540 |
| 14 | First five years. If the Form 990 is for organization, check this box and stop | | on's first, seco | nd, third, fourt | h, or fifth tax y | ear as a section | on 501(c)(3) ► ☑ |
| Sec | ction C. Computation of Public Su | pport Perce | entage | | | | |
| 15 | Public support percentage for 2009 (lin | | | ne 13, column | (f)) | 15 | % |
| 16 | Public support percentage from 2008 | | | | | 16 | <u>%</u> |
| Se | ction D. Computation of Investme | | | | | , - , - , | |
| 17 | Investment income percentage for 200 | | | | column (f)) | 17 | <u>%</u> |
| 18 | Investment income percentage from 2 | | | | | 18 | % |
| 19a | 331/3 % support tests - 2009. If the org 17 is not more than 331/3 %, check this t | box and stop i | nere. The organ | nization qualifie | es as a publicly | supported orga | anization 🕨 🛚 |
| ь | | nization did no | t check a box o | on line 14 or line | e 19a, and line | 16 is more than | 331/3 %, and |
| 20 | | | | | | | |

| | orm 990 or 990-EZ) 20 | | | | | | Page 4 |
|---|----------------------------------|---------------------------------|------------------------------------|-----------------------------|-----------------------------------|---|--|
| Part IV | Supplemental Part II, line 17 | Information. a or 17b, and I | Complete this Part III, line 12 | part to provide Provide any | le the explanate other additional | ions required b Linformation S | by Part II, line 10, See instructions |
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| Not require | ed | • | | | | | |
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990 ➤ See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Greater Portland USBC Association #80639 4299277 13 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes 🗸 No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements. 2a Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes V No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 . (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

| Pa | аe | 2 |
|----|----|---|
| | | |

| Schedule | n | (Form | ggni | 2000 |
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| | | | | |

| Part | III Organizations Maintaining | Collections of Art, His | torical Treasures | , or Other Similar A | ssets (continued) |
|------|---|---|---------------------------------|--|-----------------------|
| 3 | Using the organization's acquisition, a collection items (check all that apply) | | | | |
| a | Public exhibition | d | Loan or excha | inge programs | |
| b | Scholarly research | е | Other | | |
| c | Preservation for future generation | ns | | | |
| 4 | Provide a description of the organizati Part XIV | | ain how they further | the organization's ex- | empt purpose in |
| | During the year, did the organization sol assets to be sold to raise funds rather the | licit or receive donations of han to be maintained as pa | art, historical treasur | es, or other similar 's collection? | Yes No |
| Par | Escrow and Custodial Arr IV, line 9, or reported an an | rangements. Complete if nount on Form 990, Part | the organization a X, line 21. | inswered "Yes" to Fo | orm 990, Part |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | custodian or other intermi | ediary for contributi | ons or other assets no | Yes No |
| р | If "Yes," explain the arrangement in P | art XIV and complete the | following table. | | |
| | | | | A | mount |
| С | Beginning balance | | • | 1c | |
| d | Additions during the year | | | 1d | |
| е | Distributions during the year | | • | . 1e | |
| f | Ending balance | | | 11 | |
| b_ | Did the organization include an amount of "Yes," explain the arrangement in P | Part XIV | | | ☐ Yes ☐ No |
| Par | t V Endowment Funds. Com | | | | |
| | - | (a) Current year (b) Prior | r year (c) Two years | back (d) Three years bac | k (e) Four years back |
| 1a | Beginning of year balance. | | | | |
| ь | Contributions | | | | |
| C | Net investment earnings, gains, and losses . | | | | |
| d | Grants or scholarships . | | | | |
| е | Other expenditures for facilities and programs | | | | |
| | Administrative expenses End of year balance | | | | |
| 2 | Provide the estimated percentage of | the year end balance held | i as | | |
| a | Board designated or quasi-endowme | ent ▶ % | | | |
| ь | Permanent endowment ▶ | % | | | |
| C | Term endowment ▶ % | | | | |
| 3a | Are there endowment funds not in the organization by | possession of the organization | ation that are held a | nd administered for the | Yes No |
| | (i) unrelated organizations | | | | 3a(i) |
| | (ii) related organizations | · | | • • | 3a(iı) |
| b | If "Yes" to 3a(ii), are the related orgain | | | | 3b |
| 4 | Describe in Part XIV the intended use | | | | |
| Pa | rt VI Investments—Land, Bui | Idings, and Equipment | . See Form 990, F | Part X, line 10. | |
| | Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1a | Land | 58877 | 0 | | 58877 |
| b | | 88738 | | 4455 | 84283 |
| c | Leasehold improvements | 7917 | 7127 | 397 | 14647 |
| d | | 1000 | | , | 1000 |
| _ е | Other al. Add lines 1a through 1e (Column (d) n | 0 | (a a h m = 10) | | 0 |
| 100 | ai. Aud lines ra through re (Column (d) h | nost equal rollii 990, Pan X | , column (B), line 10(| c)) <u> </u> | 158807 |

| Part VII Investments—Other Securities. S | See Form 990 Part X Jun | | - age C |
|---|---------------------------------------|-------------------------|----------------|
| (a) Description of security or category | (b) Book value | (c) Method of valua | tion |
| (including name of security) | | Cost or end-of-year man | |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other | | | |
| N/A | | | |
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| Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. | See Form 990, Part X, Ju | ne 13 | |
| (a) Description of investment type | (b) Book value | (c) Method of value | ation |
| (-, | (5) 555% 14.00 | Cost or end-of-year ma | |
| N/A | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part | X line 15 | | |
| |) Description | | (b) Book value |
| N/A | | | |
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| T-1-1 (O-1) (b) (C-1 | 14 451 | | |
| Total. (Column (b) must equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, P | | > | <u> </u> |
| 1. (a) Description of liability | | | |
| Federal income taxes | (b) Amount | -{ | |
| rederal income taxes | | 4 | |
| Payroll Liabilities | 3 | 4 | |
| Scholarships | 8548 | 4 | |
| SMART Unassigned funds | 5685 | ~! | |
| | | 4 | |
| Womans Tournament (uncashed prize checks | | -a | |
| Womens Tournament (uncashed prize checks) | 330 | { | |
| Open Tournament (uncashed prize checks) | 3596 | | |
| | | | |
| Open Tournament (uncashed prize checks) | 3596 | | |
| Open Tournament (uncashed prize checks) | 3596 | | |
| Open Tournament (uncashed prize checks) | 3596 | | |

| | ule D (Form 990) 2009 XI Reconciliation of Change in Net Assets from Form 990 | to Audited Fo | ancial Statem | onte | Page 4 |
|---|---|--|--|--------------|--|
| | | to Audited Fil | 1 | icints | 225743 |
| 1 | Total expenses (Form 990, Part VIII, column (A), line 12) | • | 2 | | 218404 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 3 | | 7339 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | | 4 | | 0 |
| 4 | Net unrealized gains (losses) on investments Donated services and use of facilities | | 5 | | 0 |
| 5 | | | 6 | | 0 |
| 6 7 | Investment expenses Prior period adjustments | | 7 | | 0 |
| 8 | Other (Describe in Part XIV) | • | 8 | | 0 |
| 9 | Total adjustments (net) Add lines 4 through 8 | | 9 | | 0 |
| 10 | Excess or (deficit) for the year per audited financial statements. Comb | one lines 3 and | <u> </u> | | 7339 |
| | t XII Reconciliation of Revenue per Audited Financial Sta | | | Return | |
| 1 | Total revenue, gains, and other support per audited financial statemen | | 1 | | 225743 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | 11.5 | <u></u> | | |
| | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| C | Recoveries of prior year grants | 2c | | ļ | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines 2a through 2d | | 2€ | | |
| 3 | Subtract line 2e from line 1 | • | 3 | T | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . | 4a | | | |
| | Other (Describe in Part XIV.) | 4b | | | |
| C | Add lines 4a and 4b | | . 40 | : | |
| _ | | | | | |
| 5 | | | . 5 | | 225743 |
| 5 | Reconciliation of Expenses per Audited Financial S | | · | | rn |
| 5 | | | · | er Retur | |
| 5 Pa | Reconciliation of Expenses per Audited Financial S | tatements Wi | h Expenses p | er Retur | rn |
| 5 Pa 1 2 | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities | tatements Wi | h Expenses p | er Retur | rn |
| 5 Pa 1 2 | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments | 2a 2b | h Expenses p | er Retur | rn |
| 5 Pa 1 2 | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c | h Expenses p | er Retur | rn |
| 5 Pa 1 2 a | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) | 2a 2b | th Expenses p | er Retur | rn |
| 5 Pa 1 2 a 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4 d 4 | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d | 2a 2b 2c | th Expenses p | per Retur | rn |
| 5 Pa 1 2 a | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 | 2a 2b 2c | th Expenses p | per Retur | rn |
| 5 Pa 1 2 a t 0 6 3 4 | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | th Expenses p | per Retur | rn |
| 5 Pa 1 2 2 3 4 | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d | th Expenses p | per Retur | rn |
| 5 Pa 1 2 2 3 4 4 | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) | 2a 2b 2c 2d | th Expenses p | per Retur | rn |
| 5 Pa 1 2 2 3 4 4 | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b | 2a 2b 2c 2d | th Expenses p | e Retur | rn 218404 |
| 5 Pa 1 2 2 3 4 4 | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b | 2a 2b 2c 2d | th Expenses p | e Retur | rn 21840 |
| 5 Pa 1 2 2 2 3 3 4 3 5 5 Pa Co | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) | 2a 2b 2c 2d 4a 4b 1, line 18) | th Expenses p | Part IV, III | 218404 218404 nes 1b |
| 5 Pa 1 2 2 2 2 3 4 4 2 5 5 Pa Co and | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IXIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 5 | 2a 2b 2c 2d 4a 4b 1, line 18) | th Expenses p | Part IV, III | 218404 218404 nes 1b |
| Part 1 2 a a b c c c c c c c c c c c c c c c c c | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part TXIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 512b, Part V, line 4, Part X, line 2, Part XII, line 8, Part XIII, lines 2d and 45 | 2a 2b 2c 2d 4a 4b 5, and 9, Part III bb, and Part XIII | th Expenses p | Part IV, III | 218404 218404 nes 1b mplete |
| Part of the state | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part Tt XIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 52b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b part to provide any additional information | 2a 2b 2c 2d 4a 4b 5, and 9, Part III 2b, and Part XIII 2b, and set aside | th Expenses p 1 20 3 4. Innes 1a and 4, Innes 2d and 4 | Part IV, III | 218404 218404 218404 nes 1b mplete nolarships. |
| Part of this part of the state | Total expenses and losses per audited financial Statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part IXIV Supplemental Information Inplete this part to provide the descriptions required for Part II, lines 3, 52b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b part to provide any additional information Int X Liabilities: Consists of scholarship liabilities and unassigned for | 2a 2b 2c 2d 4a 4b 5, and 9, Part III 2b, and Part XIII 2b, and set aside | th Expenses p 1 20 3 4. Innes 1a and 4, Innes 2d and 4 | Part IV, III | 218404 218404 218404 nes 1b mplete nolarships. |

| chedule D (For | | Page 5 |
|----------------|---------------------------------------|-----------|
| Part XIV | Supplemental Information (continued) | |
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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Greater Portland USBC Association #80639 4299277 Part III, p 2, 4D: Other Program Services: Additional programs required by national USBC are included in this category. These programs include publication of a yearbook of bowlers' averages, participating in the Registered Volunteer program to protect the youth bowlers, and certifying that lane beds in our association meet national criteria. Part VIII STATEMENT OF REVENUE Line 1f: Funds listed on this line are received as donations to the charities the local association supports. At the end of the fiscal year, all funds are presented to the charities. Part IX STATEMENT OF FUNCTIONAL EXPENSES Line 21: This amount reflects state and national dues paid by each member of the Greater Portland USBC association. SCHOLARSHIP FUNDS: These funds are the result of the merger of associations in 2005. We distribute \$3000 each year to three different individuals. SMART UNASSIGNED FUNDS: This amount reflects funds paid to the SMART scholarship program (administered by the National USBC) on behalf of youth tournament winners. Unassigned funds have expired (i.e. have not been claimed within five years of the student's high school graduation date) and are eligible for redistribution by the association to other recipients.